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ABSTRACT

The purpose of this handbook is to assist administrators and nurses in planning, organizing, and implementing an effective total school health program. Its contents are divided into three sections and seven appendixes. The first section discusses the functions of the administration, including those of delineating responsibilities, formulating goals and objectives, and developing policies for the school health program. Section 2 concerns the functions of the school nurse. Some of the topics discussed are the major duties and responsibilities of the nurse in the school health program, the nurse's role in health instruction, the nurse's responsibility for the school environment, and continuing education and professional development. Section 3 contains 11 sample forms and procedures for use by the nurse and/or health administrator. The appendixes contain various guidelines concerning school health care, requirements for school nurse certification, charts, reports, a list of resources, and a bibliography. (RC)

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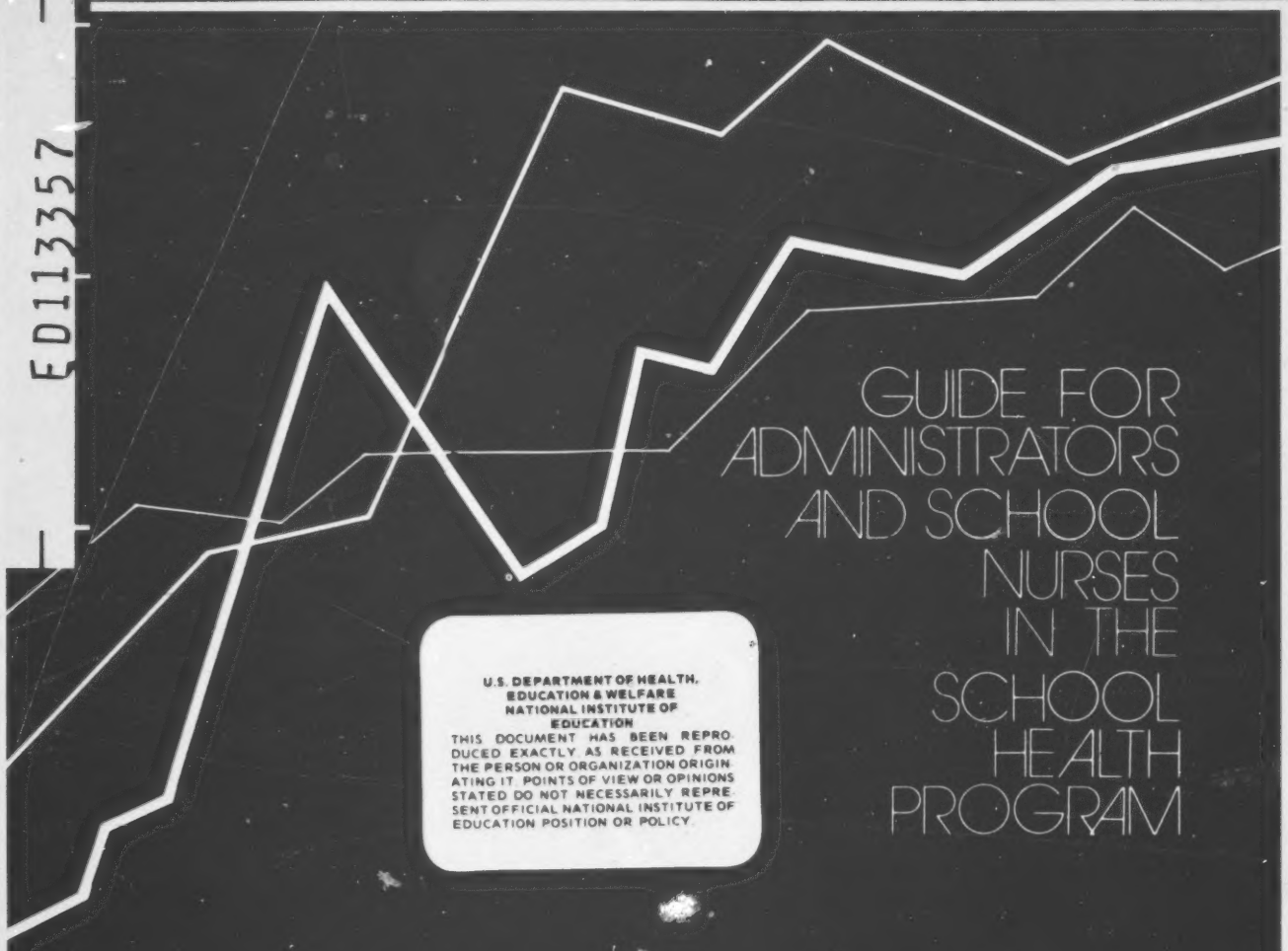

# GUIDE FOR ADMINISTRATORS AND SCHOOL NURSES IN THE SCHOOL HEALTH PROGRAM

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Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a non-segregated basis;

(3) non-discrimination in extracurricular activities and the use of school facilities;

(4) non-discriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the ground of race, color or national origin;

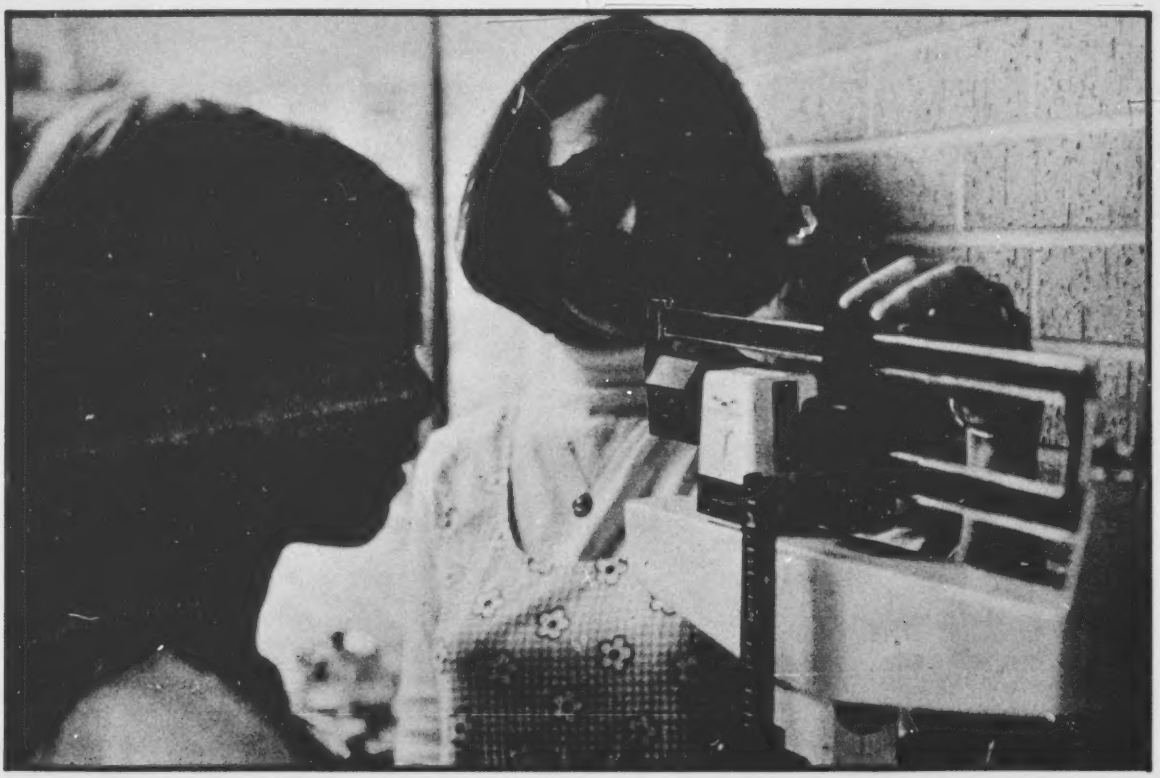
(6) non-discriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, Department of Health, Education and Welfare.

If there be a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.



## FOREWORD

State law and school accreditation standards, as well as the professional concern of educators, make Texas schools vitally concerned with the health of children.

Initiating and developing the school health program is the responsibility of the local school district; and, accordingly, school nurses, because of their special preparation, may be selected to assume major responsibility.

The purpose of this handbook--a revision of Texas Education Agency Bulletin 619, *The School Nurse in the School Health Program*, 1962--is to assist administrators and nurses in planning, organizing, and implementing an effective total school health program.

M. L. Brockette
Commissioner of Education

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CONTENTS


I. FUNCTIONS OF ADMINISTRATION

Introduction . . . . . 4
Delineating Responsibilities for the School Health Program . . . . . 5
Formulating Goals and Objectives for the School Health Program . . . . . 5
Developing Policies for the School Health Program . . . . . 8

II. FUNCTIONS OF THE SCHOOL NURSE

Provisions for Employment of School Nurses . . 16
The Nurse's Place in the School Environment . . . . . 16
Initiating Activities for a New School Nurse Program . . . . . 17
Major Duties and Responsibilities of the Nurse in the School Health Program . . . . . 19
The Nurse's Role in Health Instruction . . . . 31
The Nurse's Responsibility for the School Environment . . . . . 32
Continuing Education and Professional Development . . . . . 34

III. SAMPLE FORMS AND PROCEDURES

Plan for Total Health Program . . . . . 38
Plan of Work for Nurse . . . . . 39
Daily Schedule . . . . . 41
Case File Card . . . . . 42
Teacher's Referral to Principal or Nurse . . . 43
Medical Referral Card . . . . . 44
Emergency Care Form . . . . . 45
Health Inventory (Elementary) . . . . . 47
Cumulative Health Record . . . . . 48
Letters Informing Parent of Child's Contact with a Communicable Disease . . . . . 50
Periodic Report of Nursing Activities . . . . 52

APPENDIX

Appendix A
Communicable Disease Guidelines for Schools . . . . 58
Immunization (Section 2.09, *Texas Education Code*) . . . . . 61

Appendix B
Suggested Guidelines for Dispensing Medications at School . . . . . 63
Physician's Request for Administration of Medication by School Personnel . . . . . 65

Appendix C
Texas Education Agency Requirements for School Nurse Certification . . . . . 66

Appendix D
Growth Chart for Pupil Health Appraisal--Girls . . 67
Growth Chart for Pupil Health Appraisal--Boys . . . 68

Appendix E
Protective Eye Devices (Article 29191, *Vernon's Texas Civil Statutes*) . . . . . 69
Report of Child Abuse (Article 34.01 et seq., *Texas Family Code, 1973, Vernon's Texas Civil Statutes*) . . . . . 70

Appendix F
Resources . . . . . 73

Appendix G
Bibliography . . . . . 74

# ADMINISTRATION OF THE SCHOOL HEALTH PROGRAM

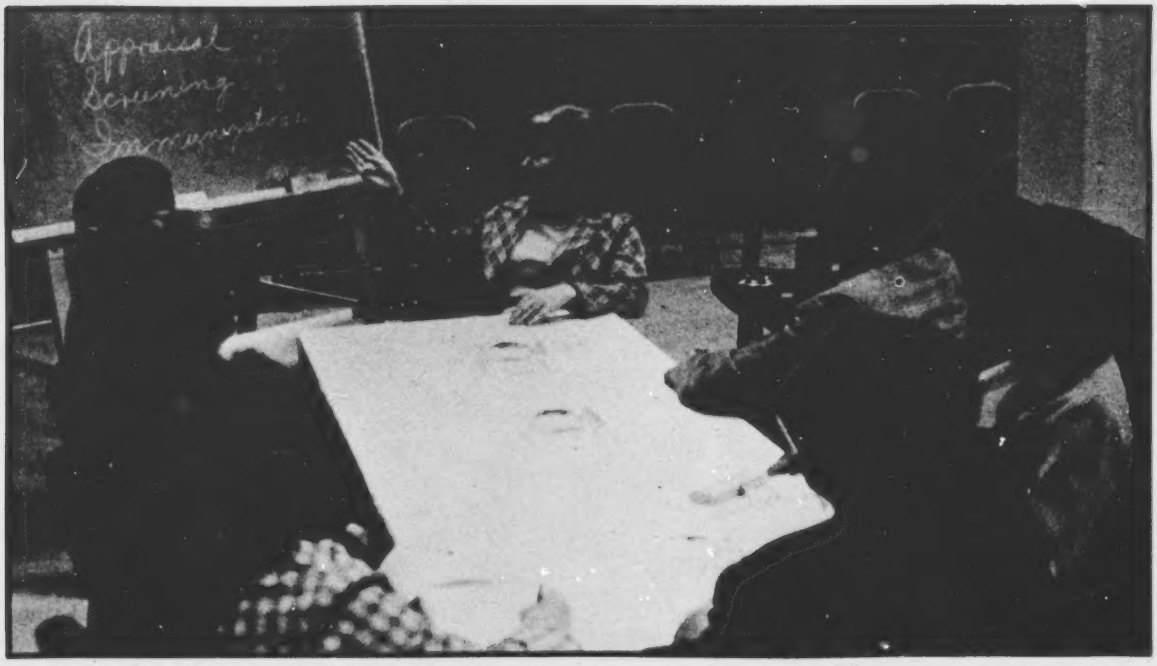
INTRODUCTION

DELINEATING RESPONSIBILITIES FOR THE SCHOOL HEALTH PROGRAM

FORMULATING GOALS AND OBJECTIVES FOR THE SCHOOL HEALTH PROGRAM

DEVELOPING POLICIES FOR THE SCHOOL HEALTH PROGRAM

- Medical Consultation
- Clarification of Staff Responsibilities
- Caring for Illnesses or Injuries Occurring at School
- Establishing Nursing Service Schedule




**The nurse discusses the school health program with the school-community health council. Such councils are valuable in maintaining community support of the program.**

## INTRODUCTION

The health of the school child is of paramount importance to every citizen of Texas. Boards of school trustees, in cooperation with state, regional, and local health departments and with many other community agencies, are expected to authorize the necessary procedures for protecting and fostering the health of children who attend school.

The school health program is governed by Texas laws and State Board of Education policy.

Laws provide for the control of communicable disease and for certain curriculum offerings. Among school subjects prescribed by law are physiology and hygiene, physical education, and instruction concerning the effects of alcohol and narcotics, Section 21.101, *Texas Education Code* (State Board of Education Policy 3712).

In addition to these specific statutes, the courts have upheld local school board regulations, as long as they do not conflict with state laws.

State Board of Education Policy 3441 requires that health services be provided to all children as part of the educational program, in accordance with standards established by the Texas Education Agency and the Texas State Department of Health and in accordance with applicable law.

## DELINEATING RESPONSIBILITIES FOR THE SCHOOL HEALTH PROGRAM

Initiating and developing the school health program is the responsibility of the chief school administrator who, with the backing of the school board, often relies on the cooperation of the school staff, students, parents, and community leaders. Community participation is desirable at all stages of planning, organizing, and conducting the school health program. School-community health councils are extremely valuable in supporting these programs.

Official and nonofficial organizations such as child welfare and other social agencies, local medical and dental societies, parent-teacher groups, volunteer health organizations, mental health and mental retardation agencies, civic clubs, and ministerial alliances can make definite contributions to the total program. Dental and medical societies usually will appoint committees to serve as consultants to the superintendent and other groups are also sources of assistance essential in carrying out corrective programs.

In carrying out school health programs, administrators will of necessity delegate some of the responsibility to others. School nurses, because of their special preparation, are often selected to assume some of these responsibilities. The primary purpose of this publication is to suggest methods for organizing and conducting the work of the nurse in the school health program.

In all instances, however, final approval of the health program lies with the school board and the superintendent. Superintendents as representatives of the boards are responsible for administering the programs although they may delegate responsibility to other members of the staff. The school board and the superintendent decide upon personnel, facilities, and finance needed in the school health program.

## FORMULATING GOALS AND OBJECTIVES FOR THE SCHOOL HEALTH PROGRAM

The superintendent, working with the local school board, faculty, and representatives of the community, assesses needs and determines goals of the health program. Among factors considered are health needs and problems of all pupils, special staff available, the number of pupils for whom the staff is responsible, community health problems, and services available in the community.

Goals which many school officials set up for the health program are similar to the following:

1. To provide a healthful school environment
   - By careful control of lighting, heating, ventilation, humidity, seating, water supply, sewage disposal, safety, lunchroom, sanitation, and the like
   - By control of communicable diseases
     - Helping parents provide protection for their children against preventable diseases in compliance with local and state regulations

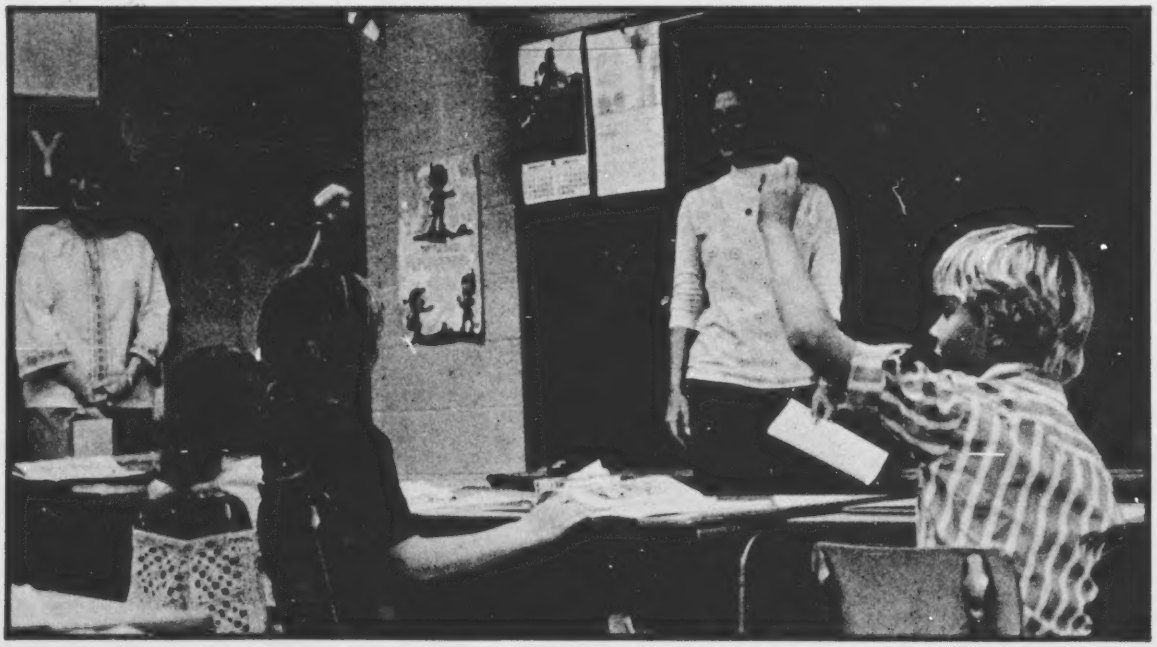
(See Appendix A, page 58.)

- ☐ Excluding pupils with symptoms of communicable diseases
- ☐ Complying with health department regulations in dealing with "contacts" and the readmission of pupils

2. To help children achieve and maintain optimum mental and physical health
   - ■ By providing an emotional climate in the school which will contribute to good mental health
   - ■ By developing and implementing plans for education in nutrition
   - ■ By adjusting the classroom situation to meet problems of physical, social, and emotional handicaps insofar as possible
   - ■ By encouraging parents to take children to family physicians or appropriate school and community resources to seek correction of remediable conditions

3. Through classroom health instruction and individual discussion, to teach pupils the importance of disease prevention, health conservation, and healthful living for self, group, and community; and to motivate pupils to develop sound health practices and values

**The school nurse, at the invitation of a teacher, talks to pupils about sound health practices. The nurse is a valuable resource in classroom health instruction.**



4. To encourage administrators, teachers, and other school staff members to maintain their own health and develop positive health values

5. To identify and make provisions for children with special health problems

6. To develop an acceptable program of health appraisal and health counseling

Once the goals of the school health program have been established, wise planning is necessary to meet the health needs of children in the community. For a program to be most effective, planning should be directed toward long-range goals as well as those short-term goals attainable in one or two years. Careful and thorough planning will be reflected in the caliber and scope of the total program and the responsibilities assumed by both school and community.

Every person concerned with the school health program should have a part in its planning, organization, execution, and evaluation. Superintendents assume responsibility for initiating plans, but in most cases they involve a school-community health committee/council made up of the following individuals: school nurses, physicians, dietitians, principals, teachers, parents, health educators, visiting teachers, counselors, special education teachers, clerical and maintenance staff members, students, and representatives of community health and welfare agencies and civic organizations. The choice of persons will vary with the size of the school, personnel involved, and the background of the administrative leader.

In certain instances, superintendents utilize the school-community health council/committee as the main advisory group for planning. Some delegate responsibility for leadership to a health coordinator who may be a health educator, a teacher, a nurse, or a principal. Others do the planning with the administrative staff; some use a coordinating committee with broader staff representation. One important phase of planning is specifying the particular function of each person involved.

School nurses can stimulate interest in the work of a school-community health council/committee. They have the responsibility for bringing facts and figures of child and community needs to the council for action and for providing professional knowledge and leadership for needed health projects.

The factors which determine nursing activities are the facilities and conditions which vary with each community. A determination of nursing activities is needed to clarify what is practical and possible for the staff available. This will help prevent setting up programs that are too ambitious in scope and which have unattainable goals.

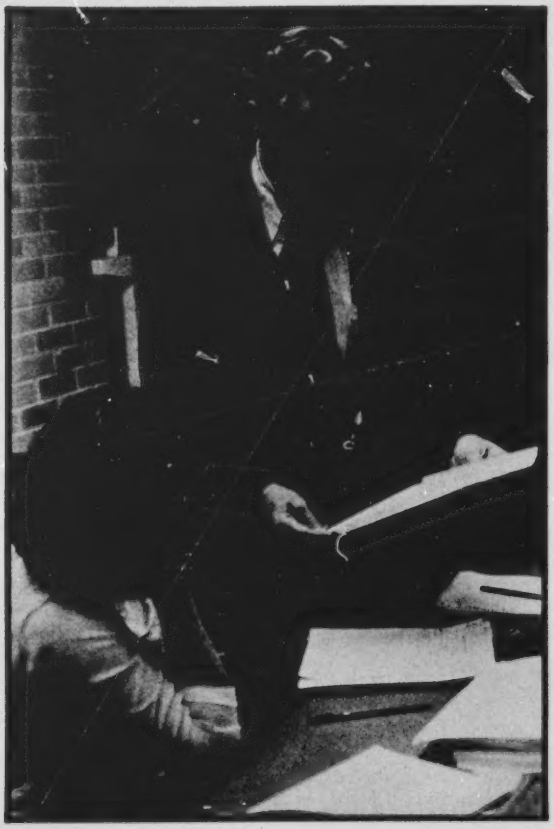
Evaluation is an absolute necessity in the school health program. The evaluation of the program should be based upon the stated clear, concise, and measurable objectives formulated from goals. Public support for the health program can be obtained through a well-presented evaluation.

## DEVELOPING POLICIES FOR THF SCHOOL HEALTH PROGRAM

### Medical Consultation

The school administration should take an active part in dealing with local medical societies or health departments to procure the services of a physician consultant for the school program. The physician, who should be paid, should become acquainted with school procedure to be able to provide positive input.

**A school physician consultant confers with the nurse about children with symptoms of health problems.**



### Clarification of Staff Responsibilities

Responsibilities of the nursing staff should be clearly delineated. The American School Health Association recommends that, whenever two or more nurses are employed, one be designated head nurse. Whenever a staff of nurses reaches 10 or more, a head nurse or supervisor should be employed.

The position of nurses as members of the school faculty should be explained to their co-workers. In addition, the position of the school nurse in relation to community nursing services should be defined and understood. Misunderstandings can be avoided if all who work with nurses realize that there are certain ethical and legal limitations to their scope of activities. The following points should be clarified for faculty and administrative staff:

- All phases of the program dealing with medical care should have medical approval.
- The nurse neither makes diagnoses nor prescribes medication or treatment. Standing orders approved and signed by the school's physician consultant or by a consulting medical committee may be carried out by the nurse. These usually deal with first aid procedures and minor treatment of pediculosis, scabies, and impetigo that have been diagnosed by the physician. Written orders are important because nurses are liable for criticism and legal action if they give immunizations or vaccinations without an order in writing,

unless a physician assumes the responsibility when immunization is given.

- Guidelines should be established by the school board regarding the dispensing of medication at school. A student may have an illness which requires medication for relief or cure that does not prevent school attendance. If possible, such medication should be given by parents and taken at home. However, if the student needs to take medication during school hours to assume full participation in the school program, dispensing the medication may become the responsibility of the school. School administrations should meet with school health service professionals and the local medical society to work out a mutually acceptable plan for dispensing medication in schools. The final plan should be made known to parents, students, and other members of the community. Suggested guidelines are in Appendix B, page 63.
- A nurse assumes no responsibility, financial or otherwise, for obtaining care for pupils but endeavors to so motivate pupils and parents that they will carry out their responsibilities. A part of the nurses' service is acquainting parents with community health facilities available to them. When facilities are lacking, the nurse, as an advocate, may bring this to the attention of appropriate community officials.
- The nurse works impartially with all licensed medical practitioners in the community.
- Health appraisal of each child is a cooperative process in which parents, physicians, nurses, dentists, psychologists, and others play important roles, but none is more important than the classroom teacher. Teachers who are in daily contact with children should be alert constantly to any health conditions indi-

**The head nurse and her assistant plan the week's activities. Responsibilities of the nursing staff should be clearly delineated and explained to members of the faculty.**

cating an apparent need for referral to the school nurse for health appraisal. It is the nurse's responsibility to present professional growth programs to develop teachers' observational skills.

## Caring for Illnesses or Injuries Occurring at School

Administrative policies are necessary for providing care for children who become ill or who are injured at school. The following actions should be taken:

- Parents' signatures should be obtained each year on forms with the following information.
  - Parents' addresses and telephone numbers at home and at work; persons to be called if parents cannot be reached
  - Name of physician to be called in case of emergency
  - Authority for taking child to another physician in the event that neither the family physician nor the parent can be located
- Medical authorization (standing orders) should be obtained for care of children while they are in school.
- Authority should be obtained to transport children in the event parents are unavailable to assume responsibility.
- A first aid station should be established on each campus and the staff made familiar with its location, the action to be taken when necessary, and the person in charge of the station. (A person on each campus should be designated in advance so he or she may be called on in case of serious illnesses.)
- The staff should develop a plan for reporting accidents and for reducing frequency of occurrence.
- A civil defense plan should be coordinated with that of the community.

## Establishing Nursing Service Schedules

It is important for administrators to work with nurses in scheduling their time in such a way that principals, teachers, children, parents, and others know when they are available. To give continuity to the program, the nurse's schedule should be respected and special calls should be made only in emergencies. Some flexibility is necessary and desirable, however, to take care of extraordinary situations.

In setting up a work calendar, with scheduled dates for visiting a given campus or community, the nurse's time may be distributed according to:

- total school population
- number of schools
- number of pupils and their age groups in each school
- number of teachers in each school
- proximity of schools to each other
- problem areas
- objectives of the program and special projects

The administration should allow time for professional growth activities for the school nurse. School nurses, being separated from their parent profession, are in a unique position. To maintain skills and increase knowledge in the ambulatory health care and health education field, the school nurse must diligently pursue professional growth.

The nurse establishes a work calendar, which includes school and community health activities and professional meetings. The nurse's schedule should be respected and special calls made only in case of emergency.

# FUNCTIONS OF THE SCHOOL NURSE

PROVISION FOR EMPLOYMENT OF SCHOOL NURSES

THE NURSE'S PLACE IN THE SCHOOL ENVIRONMENT

INITIATING ACTIVITIES FOR A NEW SCHOOL NURSE PROGRAM

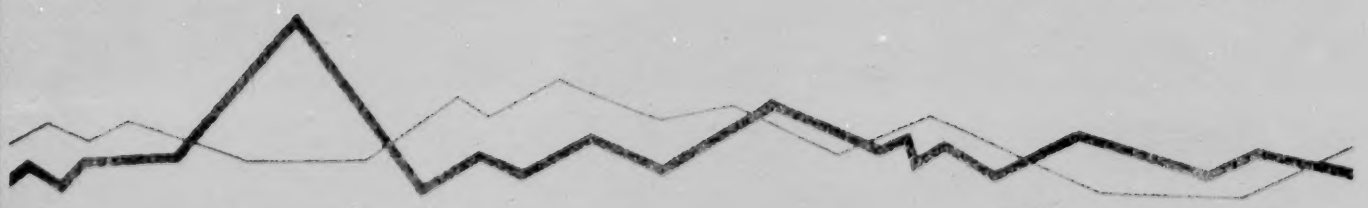
MAJOR DUTIES AND RESPONSIBILITIES OF THE NURSE IN THE SCHOOL HEALTH PROGRAM

- ☐ Health Appraisal
- ☐ Care of Children with Special Needs
- ☐ Nurses' Duties in Critical Health Care Areas
- ☐ Control of Communicable Diseases
- ☐ Emergency and Disaster Nursing
- ☐ Follow-up and Referral Activities

THE NURSE'S ROLE IN HEALTH INSTRUCTION

THE NURSE'S RESPONSIBILITY FOR THE SCHOOL ENVIRONMENT

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT



## PROVISIONS FOR EMPLOYMENT OF SCHOOL NURSES

A school qualifying for Foundation School Program funds "may use its personnel units for any combination of personnel classified under the Texas Public Education Compensation Plan which the district feels will best meet the needs of the students in the district." (Section 16.102 (f), *Texas Education Code)*

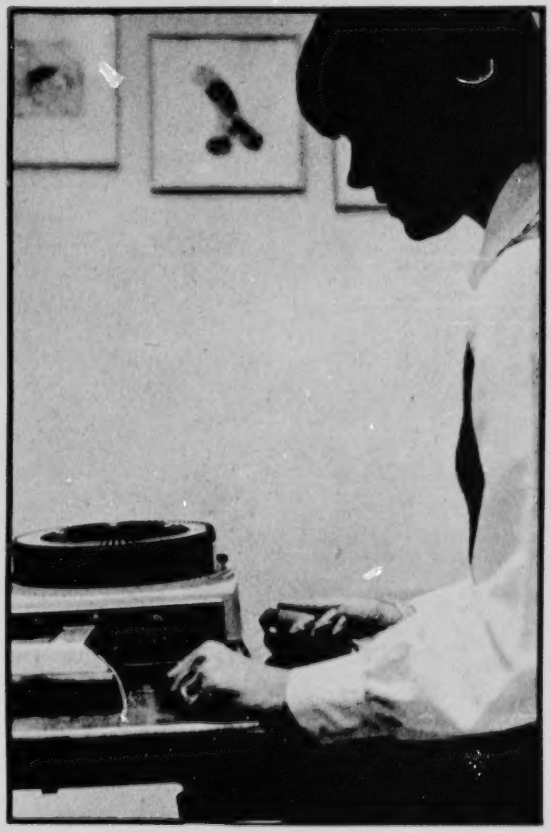
A school nurse may be a registered nurse with or without a bachelor's degree. Certification by the Texas Education Agency is not required; however, it is available under provisions specified in Appendix C, page 66. Current registration with the Texas State Board of Nurse Examiners is required.

## THE NURSE'S PLACE IN THE SCHOOL ENVIRONMENT

A clear line of authority and communication must be established for the school nurse. The school nurse's responsibility to city or county health officers and to local health department directors is one of cooperation. Much can be accomplished through a close working relationship. However, the school nurse is not administratively subject to any of these individuals or agencies except when designated by the school administrators as authorized by the local board of education.

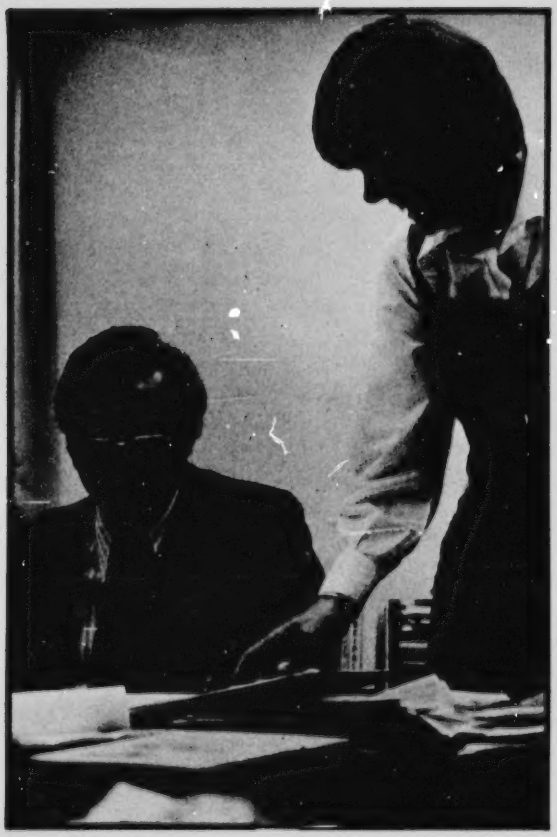
Nurses in hospitals, public health, or other health agencies are usually secure in their work environments because they know what others expect of them and what each of them expects of themselves, but in a school system the work environment is completely different. Physicians, other nurses, and "patients" no longer surround them. The presence of well children, teachers, administrators, parents, and special service personnel makes continuous interpretation of the nurse's role necessary.

**A nurse previews audiovisual materials in health. School nurses should study all health education materials in the school system and offer their expertise in selecting up-to-date, adequate instructional resources.**



School administration and operation, the work of the classroom teacher, and the general philosophy of the school nurse must be learned. Keeping professionally informed of developments in nursing is more difficult and yet more necessary because of the nurse's removal from other nurses and doctors. School nurses have the added task of becoming increasingly aware of the total school curriculum and, in particular, the school health program. They should study every health textbook and visual aid, and all other health education material used in the school system. Such study is necessary if the nurse is to act as a health consultant, and the nurse's input can be effective only if current scientific information is available and if obsolete and inadequate materials can be replaced.

Though the work load is heavy, the school nurse has many benefits not readily available to other nurses. In school, some co-workers are counselors, visiting teachers, principals, and teachers with special knowledge and skills in child development who are helpful with the various facets of administration and community relationships. Home and family life teachers and many others will assist nurses who are aware of the rich sources of help all about.



A nurse and principal discuss her objectives for the health program and her tentative work schedule. Support of administrators makes the nurse's job easier.

## INITIATING ACTIVITIES FOR A NEW SCHOOL NURSE PROGRAM

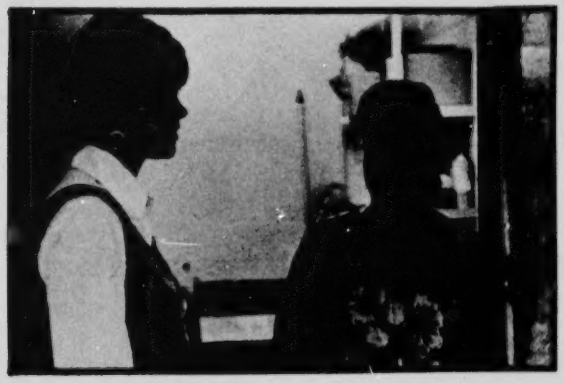
How does the new nurse get started where there are no nurse supervisors or local plans for orientation? First of all, administrators should discuss the plan of action with the nurses; interpret to them their part in the school program, taking into consideration their experience and educational preparation; and consult with the Texas Education Agency, Division of Guidance Services. In order to become familiar with the new environment, the nurse should:

- Meet the principals, and ask permission to visit classrooms in various grades as a means of observing children and learning how teachers work with them
- Ask permission of principals to visit different grades and different schools to get ideas
- Begin a study of community resources
- Make an assessment of needs including what teachers and other personnel consider to be health problems
- Get acquainted with the cafeteria manager and workers in all school cafeterias
- Meet bus drivers and try to find what health problems they have and how assistance in solving these problems may be rendered
- Meet custodians and discover what, if any, health hazards are present and how the nurse can help remove them
- Obtain from the administrative office the information needed to plan a schedule, taking into consideration the number of schools, the number of pupils, and the number of grades in each
- Begin a study of the school and community health program and make a tentative plan of work
- When possible, participate in faculty meetings, school planning to include health education programs for school personnel and related community activities

After becoming familiar with this necessary background information, the nurse should plan tentative programs, including previously determined objectives and goals using information gathered during orientation. Specific activities of the nurse might include the following:

- Continue the program in operation according to accepted policies until desirable changes can be made.
- By appointment, begin routine nurse-teacher reviews of children's health status.
- Work with the principal of each school to establish a routine for emergency illness, accident, and first aid care if there are no written policies.
- Set up a "workbox" or other card filing system for easy management of follow-through of children needing care.
- Initiate a dental flossing program encouraging students to floss after lunch.
- Continuously follow through on efforts in the child's behalf, involving work with children, parents, teachers, community resources (nursing, medical, dental, and social welfare).
- Develop summer care for children through community facilities such as the health department, child welfare, or others.
- Keep up with needs, objectives, goals, and accomplishments of the total school health program.
- Make short, graphic, interesting reports to administrators at stated intervals. Examples: Short case history of a child giving number of visits with parents at home and at school; telephone calls and written reports to private physicians and/or community agencies, using statistics in line or colored bar graphs.

The nurse and custodian discuss factors in the school environment that might pose hazards to students.



## MAJOR DUTIES AND RESPONSIBILITIES OF THE NURSE IN THE SCHOOL HEALTH PROGRAM

The major duties of the school nurse are the following:

- Taking the initiative in planning and carrying out school health services
- Participating in planning and evaluating the total school health program
- Serving as a resource person and consultant in health instruction and evaluation
- Acting as a team member with other school personnel in meeting the health needs of children
- Offering leadership in coordinating school and community health programs
- Observing environment at school and in the community to identify problems which may offer health hazards detrimental to children and making reports to principals and appropriate community agencies
- Maintaining a roster of community, state, and other resources applicable to the school health program

Specifically, the nurse provides leadership or assistance in the following activities, which are discussed in this section:

- Health appraisal
- Care for children with special needs
- Care for children with critical health care needs
- Control of communicable diseases
- Emergency and disaster care
- Follow-up and referral

### Health Appraisal

Health appraisal commonly includes:

- Teacher and/or nurse observation of children to locate symptoms indicating the need for referral
- Vision and hearing screening
- Periodic graphic charting of height and weight
- Medical and dental examinations
- Health assessment

Observation. Neither the nurse nor the teacher is qualified to make medical diagnoses, but their task is that of being alert to symptoms which may indicate the need for further study or referral for medical or other care.

Vision and hearing screening. Screening procedures have been generally accepted as a functional part of health instruction and may be used by teachers as such. The nurse's responsibility should be to assist teachers with the mechanical process of testing and with the preparation of children for testing. The nurse may conduct the screening if others are

not available to do this. Perhaps the greatest contribution of the nurse is to provide follow-up and referral for pupils found deviating from normal.

Weighing and Measuring. These procedures also are usually a part of regular classroom health instruction. The nurse's role is to assist the teacher in any way necessary and provide follow-up and referral for children with problems of growth. Weight and height data will constitute one of the devices in evaluating normal growth and development. Such data may also be used as a partial basis for nutrition screening and posture screening. Children with serious health and weight problems should be weighed frequently or as often as needed. The two most important reasons for recording weights and heights of children at regular intervals are these:

- To assess a child's total health status
- To assess the functional part of health instruction in nutrition, sleep, rest, exercise, growth, and development

Because weighing and measuring of children is a part of health appraisal, attention should be given to methods of obtaining and interpreting data. One of the most effective methods of assessing the growth process is through the use of a growth graph such as the Meredith Growth Chart, Appendix D, page 67.

Medical and dental examinations. Medical and dental examinations are parts of health appraisal and should be correlated if possible. Medical and dental authorities seriously doubt the value of the all too common cursory medical inspection.

The nurse measures a youngster's height; weight and height data help in evaluating growth and development.

Nurses observe symptoms of dental health problems. Medical and dental examinations by physicians and dentists should be a routine part of school health appraisal.

25

Routine examinations when properly performed have a value to certain groups of pupils.

Before embarking on a program of repeated routine medical appraisal, the school might utilize the services of available physicians and dentists in the community for advice and consultation to parents, children, and school personnel, and for diagnosis and treatment of conditions referred from screening procedures. When a program has developed to the point that examinations are routine, newly admitted children should receive attention first. Two general premises may be used as guidelines:

- Parents have primary responsibility for the health of their children. Health services programs should be designed to assist parents in discharging this responsibility but not to assume it for them.
- Fullest possible cooperation with the family physician and dentist should characterize the health service program.

When pupils go to private physicians or dentists or other facilities for their examinations, sufficient information should be provided to the school so that nurse and teacher can render all assistance possible in following the physician's or dentist's recommendations.

If the medical examinations are to be in the school, parents should either be present or send a signed request for the examination. The space provided for this complete physical examination should make it possible to have the students disrobe. Arrangements for a follow-up conference with the nurse should also be made.

Pupils usually referred for medical and dental examination are these:

- Kindergarten, first grade, and those new to the school system
- Those suspected of having health problems
- Athletes and other students engaging in strenuous sports
- Special education students

Health assessment. The school nurse possesses specialized skills for health assessment of each child based on results of various appraisal activities:

- Completing a health history of each child based on information from students, parents, and physician
- Compiling data from routine screening
- Assessing teacher observations Observing the child in a variety of settings
- Using special appraisal techniques including observation, percussion, palpation, auscultation, and the use of instruments and laboratory procedures to complete the assessment of health status

## Care of Children with Special Needs

The school nurse has a role in assessing the special school needs of children with educational disabilities as a result of physical or emotional problems. The nurse contributes special knowledge of physical and socioeconomic conditions in the team identification and appraisal of all children with learning problems and assists the committee which screens, recommends

placement, reviews and dismisses pupils considered for and/or receiving special educational services. The school nurse

- consults with physicians and parents regarding the need for adaptations in the school program
- interprets the special needs of children to parents, teachers, administrators and other school personnel
- acquaints families and school personnel with school-community resources for medical and rehabilitative services
- demonstrates methods of assisting exceptional children achieve independence
- maintains continuous observation and evaluation of children with special health needs

## Nurses' Duties in Critical Health Care Areas

Areas of special concern to the school nurse may include, but are not limited to, drug abuse, child abuse, and adolescent pregnancies. Since these areas are emotionally charged and touch upon the moral standards of a community, the nurse must handle each case delicately and individually. The confidentiality of the nurse-student relationship must not be breeched except with the appropriate school administrative officer. Even then, all care should be taken to respect and guard the rights of the pupil involved. In these areas of critical health care needs as in all areas, the nurse's duties include:

- Acquiring up-to-date knowledge of effects and treatment and disseminating it in the educational program in such a way as to influence pupil health behavior
- Counseling with individual students
- Informing students of all available resources and helping formulate a plan of treatment

A pregnant teenager discusses her special health needs with the nurse. Part of the nurse's job is to counsel with individuals, to inform students of resources for help, and to provide emotional support as needed.

or adjustment of the program
- Providing emotional support as needed
- Knowing statutes related to critical health care areas (Appendix E, page 69.)

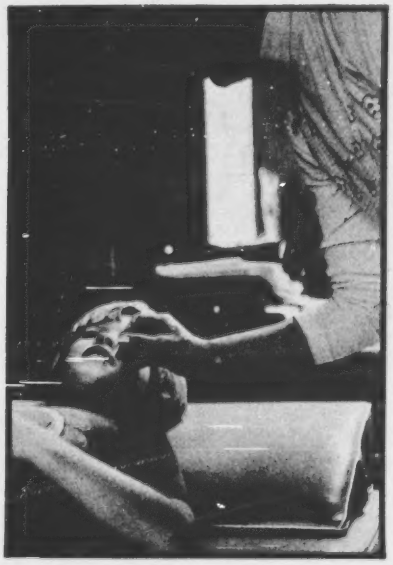
## Control of Communicable Diseases

In the field of communicable disease control, nurses, teachers, and other school personnel combine their efforts. Students with suspected veneral disease should receive health counseling and referral to the appropriate medical resource. A vigorous educational program should be approved and provided for by the board of trustees.

The nurse's activities in the field of communicable disease control usually fall into the following areas:

1. Working with local school officials--The nurse cooperates with the principal, superintendent, and other local school officials in developing written recommendations concerning:
   - Exclusion and readmission of children with suspected communicable disease (See Appendix A, page 58.)
   - Enforcement of the statutes regarding immunization for school attendance (Appendix A, page 58.)
   - Establishment of policies for handling children suspected of having communicable diseases until they can be taken home
   - Investigation to determine whether the school is the source of epidemics of communicable diseases

   The nurse should keep up with current communicable disease regulations and see to it that the person in the school responsible for exclusions and readmissions on the days the nurse is not in the school is also informed of current regulations.



**The nurse discovers a youngster is running a temperature, indicating a possible communicable disease, and calls his mother to take him home.**

2. Working with teachers--The nurse helps teachers develop their skills in observing symptoms which might indicate the onset of an acute communicable disease. He or she should assist teachers in recognizing signs and symptoms of a disease that is prevalent in the school at any given time.

3. Working with parents--The nurse:
   - Tries to increase parents' understanding of the needs for communicable disease control
   - Encourages them to use initiative in keeping children at home and under observation when they show acute symptoms, either until such symptoms subside or until recovery if a communicable disease develops
   - Gives information to increase skills in avoiding exposure to communicable disease
   - Motivates parents to provide vaccination and immunization for their children
   - Encourages parents of an ill child to observe other children in the family for symptoms that may indicate the same illness

**The nurse discusses with the parent her child's symptoms and advises the mother of the proper action to take. Parents should be encouraged to use initiative in keeping children at home when they show acute symptoms.**

4. Working with the community--The nurse encourages programs that provide for immunization of all children in the community through either private physicians or clinics.

5. Working in homes--Working on specific cases with parents in the home, the nurse:
   - Demonstrates nursing care and isolation
   - Outlines plans for the child's return to school
   - Discusses regulations governing contacts, food handling, or other possible dangers of spreading diseases
   - Leaves appropriately written instructions and/or leaflets and discusses control measures for the particular disease

Emphasis should be placed upon the fact that effective handwashing is one of the oldest and most consistent defenses against the spread of infectious agents from one person to another. Effective handwashing requires the use of

soap or detergent with mechanical motion and friction and thorough rinsing under running water.

In addition, complete cleaning of clinical thermometers before immersion into a disinfectant solution is essential in an effective disinfection procedure:

- Two cleansings with cotton pledgets wet with liquid or green soap should be applied with mechanical friction in a downward circular rotation to every part of the thermometer. Rinse with one cotton pledget wet with water.
- Immerse the thermometer in a 1.0% solution of iodine, in 70% (volumetric) isopropyl alcohol (rubbing alcohol), or in 70% (volumetric) ethyl alcohol for 10 minutes.

## Emergency and Disaster Nursing

Written orders authorizing emergency care have been discussed under a previous section on administrative policy. First aid is administered to prevent infection or possible serious illness and to make an individual as comfortable as possible until medical care is obtained. All injuries requiring additional care are reported to the nurse or some other designated person so that the care may be followed up as needed. All injuries, illnesses, and first aid measures are recorded promptly on the child's work file card for follow-through.

The nurse should initiate, if necessary, written general policies including standing orders. Specific duties of the nurse in first aid are the following:

- See that first aid and standing orders are reviewed annually, dated, and signed by a physician. Copies are placed on or near the first aid cabinet.
- Locate first aid cabinet centrally.
- Keep supplies for first aid only, not for treatment; simple splints and rectangular bandages are desirable in the event of broken bones or hemorrage.
- Inspect first aid cabinet periodically to see if

**The nurse administers first aid to a pupil. Each campus should have a first aid station and a person designated to be in charge of the station.**

supplies are adequate, clean, orderly and properly labeled.
- Work with administrators in acquainting the staff with policies and in demonstrating simple procedures for quick first aid action.
- Work with physical education teachers and coaches on safety and first aid measures for students engaged in contact sports.
- For reference in unusual emergencies, keep on or near the first aid cabinet a handbook of first aid procedures such as that published by the American National Red Cross.

All professional nurses are aware of the necessity of preparedness for natural or manmade disaster and will assist in planning, organizing, and directing nursing services in disasters. To be prepared the school nurse should:

- Know measures for self-survival and techniques for performing life-saving tasks
- Know community plans for emergency action in case of disaster (basic operational planning of official and volunteer administrative agencies, medical service, public health and welfare groups)
- Know the meaning of warning signals and logical individual action to be taken in the event of disaster at home, at work, or in other places
- Understand principles of human behavior during disasters; be prepared to assist the school and community in the medical self-help training program which is designed to teach American families how to survive a national emergency and how to meet their own health needs if deprived of a physician's service; know details of disaster plans of each school in which service is given
- Keep up-to-date on changing plans for coping with disaster through reading, through participating in meetings and classes, and through all other available means

## Follow-up and Referral Activities

Little is accomplished by appraisals and referrals unless a plan of work includes careful follow-up referral and recording. Careful planning is necessary to ensure that follow-up activities are not crowded out of the schedule. Priority and urgency of the follow-up are determined by the degree to which the condition:

- Interferes with satisfactory progress in school
- Affects unfavorably the emotional status of the child
- Is amenable to preventive measures
- Is progressive to a serious handicap or disease or is likely to affect the eventual health of the child
- Is common to many children throughout the country or is peculiar to the specific community
- Endangers the health of others in the family or community
- Is correctible by medical treatment
- Requires limited expenditures

of funds per case
- Has been neglected in the past
- May be adequately treated by facilities and personnel which are or can be made available

If several of the criteria outlined above apply to a situation, then it has extremely high priority.

Follow-up should involve parents, medical resources, school staff, and community health agencies as well as students.

Follow-up with students. The nurse should counsel with students to bring about health behavior which will effect the desired results and involve students in their own health care.

The nurse adjusts an athlete's arm splint. Nurses should work closely with physical education teachers and coaches on safety and first aid measures for students in contact sports.

Follow-up with parents. In follow-up activities with parents, four methods are in common use: telephone calls, notes, letters, and home and office visits. Before conferring with parents, if information is not already known, the nurse should:
- Confer with the child regarding his or her problem
- Ascertain, if home visit is to be made, whether parent will be home, verifying address and directions for reaching the home. (If the directions are very difficult and complicated,

Counseling with students is an important part of the nurse's effort to involve students in their own health care.

Telephone conferences with parents are one aspect of follow-up activities. The nurse may also communicate with parents through notes, letters, and home and office visits.

plans may be made to have the child accompany the nurse.)

- Review records of the pupil and other children in the family, conferring with interested school personnel--principal, teacher, counselor, and nurse--in school attended by other children in the family
- Check the case-card file to see if several home visits can be made on the same trip

Follow-up with medical resources. If a child is to be referred to a physician, dentist, or clinic, a statement of the problem as observed by nurses and teachers should be sent to the parent for the physician, dentist, or clinic, preferably on a standard form. If this is done by telephone, a referral form or written report should follow. This is one of the best ways to interpret to physicians and dentists the work of the school nurse and demonstrate to them at least one purpose of school health services.

Where physical examinations are made at school, reporting of significant findings should follow the same pattern as those outlined above.

Follow-up with school staff. The school staff--principals, teachers, visiting teachers, counselors, and others--will find the information concerning the health of each child to be an important part of educational planning. Information may be communicated by the nurse to staff members in memoranda or by individual or group conferences. Confidentiality of the information must be stressed. The principal, the nurse, and other staff members will determine the way in which pupils' health information may be used. The nurse should encourage parents to take the initiative in requesting help from appropriate sources in order to strengthen the family's own ability to solve its problems.

When several groups or agencies are working with a family, it is helpful to have representatives from each agency meet occasionally for case conferences to analyze progress and future needs.

Methods of organizing follow-up. Nursing follow-up of children who need health services involves exchanging information and formulating specific plans for action with many individuals, principally with parents, the child, and the classroom teacher. Without follow-up there is limited value in identifying health problems.

One method which has been used successfully to ensure careful follow-up is the workbox or case-card file. It serves as a memory jogger for the nurse. Information about children who require follow-up is kept available, thus enabling the nurse to work effectively on an appointment basis. Equipment needed includes one 4 x 6 inch filing box approximately 12 inches long. For each school, one set of 4 x 6 calendar day guides (1 through 31) and plain 3 x 5 cards are needed. (Case forms may be printed.)

One 4 x 6 card is used for listing each child to be seen by the nurse at home or at the school. If one school is visited each Monday, the cards of all children to be seen that day should be placed behind that date card in the work file. After the service

has been rendered, each card is filed according to the date on which the next visit is planned. In the event a child is not seen on the date planned, the card is placed ahead to the date of the next visit into that area. Cards carrying pending visits should be filed under the next feasible date even though they may have to be pushed forward again; this is good recording. Telephone calls, letters, group conferences, and confidential information, as well as office and home visits, may be posted. An example of a case file card is shown on page 42.

Several other methods have been used for helping the nurse organize visits and record pertinent data:

- Duplicate copies of the referral form, arranged according to address and family, may be used to remind the nurse of the problems to be discussed and for recording notes on the clinic or home visit. When the problem has been solved and the cumulative record brought up-to-date, the form is destroyed.
- Notes may be made in a small notebook, organized according to address and family, and used similarly to the referral forms.

**A nurse checks through case card files for information about children who may require follow-up. Such a file enables a nurse to work effectively on an appointment basis.**

Health records. A cumulative health record is basic for understanding any child. Growth and development expectations are based on information regarding what the child was like six months ago, one year ago, or for a longer period. This information provides the means for measuring a child's progress against his or her previous record, rather than against an average group. A health history should be started when a child first enters school and should be kept through all the 12 years he or she attends.

School nurses and others should remember that records may be opened to parents under the *Family Educational Rights and Privacy Act of 1974*. Care should be taken that only objective observations are recorded.

The record of each child's health history should contain basic infor-

mation such as the following:

- Individual and family health history
- Information about the child and place of employment of father and mother
- Several spaces for name and phone number of family physician
- Names of persons who may be called if parents cannot be reached in case of emergency
- Space for illness data, such as measles and rheumatic heart, and dates of occurrence
- Immunization data and dates of same
- Accident data
- Teacher observations indicating emotional and physical conditions and absences because of illness, with forms which allow for easy checking by teacher
- Screening data such as vision and hearing
- Growth data: height, weight on growth chart
- Medical and dental recommendations
- Notes by nurse and/or teacher of child's progress, corrections made, conferences with parents at home or school

There are various methods of maintaining health records. Many schools keep health records in the principal's office. In others, the nurse keeps all health records. In some schools the health record is part of the pupil's cumulative record. Regardless of who keeps the cumulative health record, the nurse may keep an individual record of children with special problems which may require long or special nursing care. In some schools, it

**Health histories should be kept on all children from the time they enter school. Only objective observations should be recorded since records may be opened to parents.**

**A classroom teacher confers with the nurse on a child's health status. Such periodic nurse-teacher reviews consolidate information and encourage teamwork.**

may be convenient to keep these records in the same file or folder used by visiting teachers or counselors. They should be easily accessible to the nurse, visiting teacher, counselor, special education teacher, or other special services personnel as needed.

By keeping "cross reference" records, the nurse is able to give regular attention to those children who need special care. The records prevent losing sight of such children through transfers or changes in nursing personnel.

The nurse asks for and reviews the cumulative health record each time an individual child is seen for any special service. After necessary notations are made on the record, it is returned to the cumulative record files.

The periodic nurse-teacher review of the status of children's health consolidates information and encourages teamwork of nurse and teacher. The nurse-teacher review also:

- Enables workers to review records of each child for the exchange of information to promote the over-all welfare of the child
- Promotes continuous observation and referral of children with special problems
- Helps to assure continued attention and follow-through of children with special problems
- Aids in prevention of deep-seated difficulties
- Stimulates health protection of each child
- Stimulates mutual understanding and assistance between nurse and teachers
- Encourages teachers to discuss with the nurse problems that arise between scheduled reviews
- Stimulates new ideas and planning for school health program

The teacher and nurse will find it helpful to review records before the scheduled conference, making notes for special consideration. Some school administrators make it possible for teachers to use school time for conferences; others may find it possible to meet the nurse in a free period or after school hours. Follow-up referrals resulting from these conferences may require the nurse to meet with parents or make contacts with medical resources to complete health care plans.

## THE NURSE'S ROLE IN HEALTH INSTRUCTION

In health instruction the nurse plays a vital role as consultant and resource person. The nurse will work with the teachers in serving individuals and groups. In serving individuals, the nurse:

- Aids parents, teachers, and others in interpreting objectives and activities of the health program
- Interprets medical recommendations regarding care of children to teachers and other school personnel
- Counsels with children, parents, and teachers regarding health needs of individual children
- Counsels with school personnel regarding their own health problems

- Confers with teachers regarding over-all appraisal of children in homeroom or self-contained classroom
- Introduces parents and teachers to community resources offering health services
- Sets a good example of healthful living

In serving groups, the nurse:

- Serves as health consultant for curriculum planning
- Suggests or secures materials for teaching or correlating health in the instructional program
- Assists teachers in preparing children psychologically to receive special health services
- Demonstrates to teachers methods of observing, weighing, measuring, and other devices for screening children
- Demonstrates first aid techniques
- Plans parent education combining the interests of parents and teachers and the health needs of children
- Reviews health textbooks in use by the schools to be able to help teachers with new scientific information pertinent to the content of the books but not included in them; suggests deletion of information no longer considered good practice; suggests appropriate portions of textbooks to be used in coordinating screening and other aspects of health service
- Informs teachers of sources of inexpensive materials such as booklets, posters, and other visual aids for health teaching

## THE NURSE'S RESPONSIBILITY FOR THE SCHOOL ENVIRONMENT

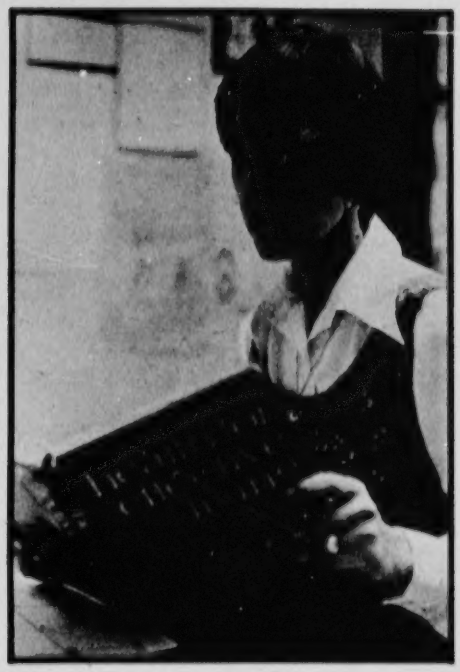
School nurses' concern for pupils extends to their physical and emotional environment. Nurses are cognizant of minimum standards and are alert to school plant and playground conditions which should be brought to the principal's attention. Nurses take an epidemiological approach in accident investigation to assure safest conditions for pupils. Such things as lighting, ventilation, drinking fountains, and restroom facilities come under their scrutiny.

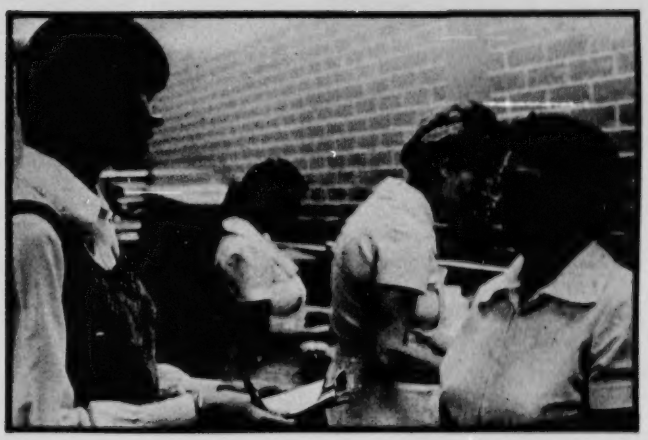
Nurses are aware of possible hazards and assist teachers in understanding them. They disseminate information such as the statute pertaining to protective eye devices in laboratories. (See Appendix F, page 72.)

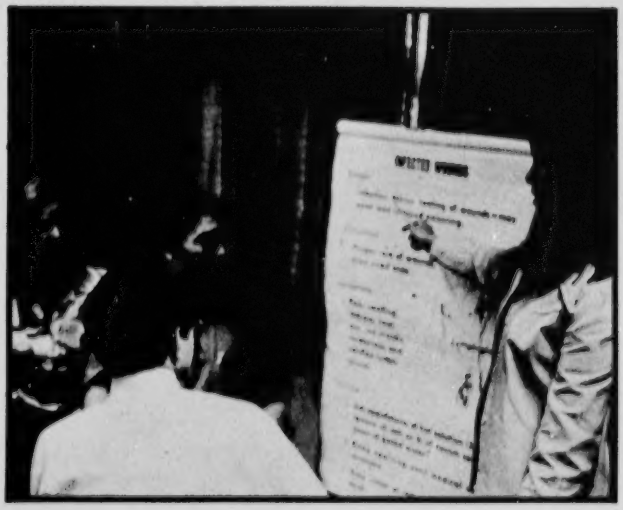
Unfortunately there is often disparity between health theory and student practice in school lunchrooms. Pupils are taught that they should wash their hands before eating but they often neglect this practice in the rush to the lunchroom. In some lunchrooms the nurse, with the help of the school lunch supervisor and the classroom teacher, may be able to improve conditions. The nurse may also help the supervisor by observing health habits and practices of food handlers. A vigorous nutrition education program should accompany concern for the physical environment.

The emotional environment of the school is of more recent concern to administrators, teachers, and parents. School nurses, by virtue of their professional training and experience in psychiatric and mental health

facilities, might well be in the best position to act as facilitators in training other staff members in strategies to foster good mental health. Nurses might also function in intervention with children who are experiencing difficulties.







The nurse confers with the school lunch supervisor on proper nutrition as well as health habits and practices of students and food handlers.

By reviewing health textbooks, the nurse can provide teachers with new scientific information not in the books and suggest deletions of information no longer considered good practice.

A nurse demonstrates first aid techniques to a group of teachers. Such assistance is one way the nurse acts as consultant and resource person in health instruction.

## CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

School nurses should have definite interest in and responsibility for professional growth. Nurses who identify themselves by affiliation with and active participation in national and state nursing organizations will profit from such association with others in the profession.

Nursing programs and procedures may be directly influenced by the action and research findings of these professional and semiprofessional groups. Their publications contain many articles of value for professional growth.

Participation on local committees for health, curriculum and community planning will give nurses a broader point of view and help build better school-community relationships.

School nurses will increase their knowledge by:

- Attending professional growth programs sponsored by area nursing sections of the Texas State Teachers Association, the Texas Nurses Association, and other health-related organizations
- Obtaining reading lists in school health from the Texas Education Agency, Health, Physical Education, and Recreation Section and from national nursing organizations
- Participating in meetings of at least one professional nursing organization
- Investigating advanced formal nursing education or continuing education courses offered by local universities and colleges

# SAMPLE FORMS AND PROCEDURES

PLAN FOR TOTAL HEALTH PROGRAM

PLAN OF WORK FOR NURSE

DAILY SCHEDULE

CASE FILE CARD

TEACHER'S REFERRAL TO PRINCIPAL OR NURSE

MEDICAL REFERRAL CARD

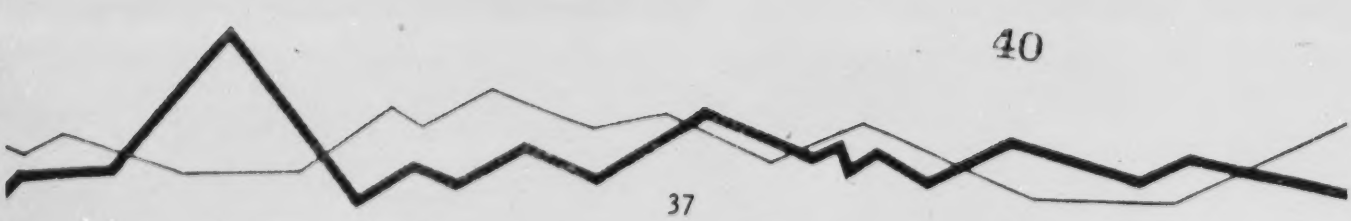
EMERGENCY CARE FORM

HEALTH INVENTORY (ELEMENTARY)

CUMULATIVE HEALTH RECORD

LETTERS INFORMING PARENT OF CHILD'S CONTACT WITH A COMMUNICABLE DISEASE

PERIODIC REPORT OF NURSING ACTIVITIES



## PLAN FOR TOTAL HEALTH PROGRAM

Theme for the Year: Growth Patterns of Children

This is a suggested outline of health emphasis areas in an elementary school. An effort has been made to correlate health instruction with the health activities that are scheduled for the particular quarter period.

| Quarter | Units of Study | Activities |
|---|---|---|
| First | How We See | Vision screening |
| | Eye Health | |
| | Room and building cleaning and ventilation | |
| | Toilet habits | |
| | Handwashing before and after toilet | (Survey grounds for hazards) |
| | How We Hear | |
| | Care of Our Ears | Hearing screening |
| | Working and Playing Together | |
| Second | How We Grow and Develop | Physical maturation |
| | Individual Differences | Heights and weights |
| | Common Cold | Teacher-nurse review of children's health status |
| | Communicable Diseases | |
| | Dressing for the Weather | |
| | Care of the Teeth | Dental Health Week |
| | Between-Meal Snacks | |
| | Personal Hygiene--Grooming and Posture | Dental hygienist's visit |
| Third | Selecting a balanced diet | Nutritional exhibit |
| | A good lunch | |
| | Breakfast, the most important meal | Tasting parties |
| | Simple first aid procedures | Demonstrations and practice of handwashing, cleaning a scratch, applying bandage |
| | Summer precautions | |
| | Drugs, alcohol, and tobacco | |

## PLAN OF WORK FOR NURSE

| Activities at School | Self-improvement |
|---|---|
| **August:** | |
| 1. Assist with orientation of new teachers.<br>2. Make tentative plan of work. | 1. Attend (if any) in-service education workshop for nurses or teachers. |
| **September:** | |
| 1. Check supplies and submit requisition.<br>2. Visit new teachers at each school.<br>3. Look over workbox and review records of children who need to be seen for rechecking and follow-up.<br>4. Make up daily schedule for time at each school.<br>5. Review plans, projects, etc., left unfinished last spring--continue or discard.<br>6. Inspect first aid cabinets--review first aid orders for current scientific practice, need for medical review, dating, etc.<br>7. Meet with health curriculum planning committee.<br>8. May begin seeing children or their parents who were | 1. Read professional nursing journals.<br>2. Assist with plans for school health workshop to be held in October. |

previously found with problems and whose present status needs to be known.

October:

1. Begin screening.
2. Begin or continue seeing children as stated above.
3. Attend PTA meeting.
4. Begin nurse-teacher review of children's health status.

1. Attend workshop.
2. See school librarian for current books, magazines which should be at least scanned.

## DAILY SCHEDULE

| TIME | SERVICE |
|---|---|
| 8:00-8:45 a.m. | Conferences with parents, teachers, others |
| 8:45-9:15 a.m. | Referrals from teachers of children who appear ill |
| 9:15-10:00 a.m. | Special referrals from teachers and follow-up of children previously seen and referred for medical, dental or other care |
| 10:00-12:00 | Nurse-teacher reviews of children's health status |
| 12:00-12:30 p.m. | Lunch |
| 12:30-2:30 p.m. | Screening |
| 2:30-3:00 p.m. | Telephone calls to parents, agencies, physicians, dentists in the interest of children |
| 3:00-4:30 p.m. | Home visits--planning for following day, etc.<br>Record on case card files and health cards |

TEXTOWN INDEPENDENT SCHOOL DISTRICT
School Health Services

## CASE FILE CARD

Name _____ Teacher _____

Address _____ Grade _____ Year _____

Phone _____ Birthday _____

**PROBLEM:**

Date:

TEXTOWN INDEPENDENT SCHOOL DISTRICT
Health Department

## TEACHER'S REFERRAL TO PRINCIPAL OR NURSE

Pupil's Name _____ Date _____

Address _____

Phone where mother may be reached _____

Shows the signs and symptoms checked below:

| | | |
|---|---|---|
| ___ Flushed cheeks | ___ Toothache | ___ Nausea and vomiting |
| ___ Unusual pallor | ___ Earache | ___ Noisy breathing |
| ___ Blueness of lips | ___ Sneezing | ___ Skin eruptions or rash |
| ___ Nasal drainage | ___ Coughing | ___ Complains of sore throat |
| ___ Headache | ___ Scalp | ___ Inflamed eyes |
| ___ Stomach-ache | ___ Other (specify) _____ | |

Remarks: _____

_____

_____ _____
Room No. Teacher

- - - -

## MEDICAL REFERRAL CARD

Name of School_____

To the Parent or Guardian:

The health service afforded by the Textown Independent School District includes constant observation by the classroom teacher and further health appraisal by the school nurse and frequently by the school physician.

Based on our observation of_____ on
Name of Child
_____, the School Health Department directs your
Date
attention to the report given on the reverse side of this card.

The Health Department earnestly desires to cooperate with you in maintaining for this pupil the best state of health. To this end it is suggested that you consider this report thoroughly and consult your physician concerning points in which further investigation is suggested.

We want you to feel free to call the School Health Department for further advice if needed.

## OBSERVATIONS WHICH WE THINK NEED MEDICAL ATTENTION

_____

_____

_____

_____ _____
Signature of School Nurse School Telephone Number

_____

To the physician:

Please complete this card for the child's school record.

Findings:_____

Recommendations:_____

Corrections:_____

_____
Signature of Physician

Date:_____
(Please return this card to the school nurse.)

## EMERGENCY CARE FORM

Unauthorized referrals of children to physicians makes the one referring the child legally liable not only to the physician for his service, but also liable to the parents for invasion of the child's right of privacy, even though the services rendered the child were necessary. So that teachers may be protected in case of needed referrals to a physician when a parent cannot be located, it is suggested that schools have parents sign a form similar to the following one at the beginning of each school year.

---

Emergency Care

In order to protect your child, _____,

in case of medical emergency, we would appreciate your

filling in the following:

1. Telephone number where parents may be reached _____
2. Who to call if parents unavailable _____
3. Physician (name) _____

   Telephone number _____
4. In case of accident or sudden illness to the above-named child, in the event I cannot be reached by telephone, I hereby authorize a representative of the _____ School to refer the child to the above-named physician. If said physician

cannot be reached, please call Dr. _____,
or any other available physician.

5. We are not able to pay for medical service and I hereby authorize a representative of the _____ School, in case of accident or sudden illness to the above-named child, and in the event I cannot be reached immediately, to refer the child to the city or county physician, county hospital, or available medical welfare service.

Signed _____
Parent or Guardian

## HEALTH INVENTORY
(Elementary)

SCHOOL_____ DATE_____

TEACHER_____

Dear Parent:

Please complete this form and return it to the teacher or school nurse at the earliest possible date. The information given on this form will enable the school staff to have a better understanding of the health status of your child.

Name of Pupil_____ Sex_____ Birth date_____ Birth weight_____

Address_____ Phone_____

| Disease History | Age | Disease History | Age |
|---|---|---|---|
| Asthma | | Orthopedic | |
| Allergy | | Poliomyelitis | |
| Blood disorder | | Rheumatic fever | |
| Convulsions | | Serious accident | |
| Diabetes | | Surgery/fractures | |
| Epilepsy | | T.B. Contact | |
| Heart disease | | Hearing loss | |
| Kidney disorder | | Vision loss | |

If your child has had any of the above conditions did he/she receive medical care? Yes____ No____

Is he/she under treatment now? Yes____ No____

Please check any of the following signs and symptoms you have recently observed:

| | | |
|---|---|---|
| _____Easily tired | _____Frequent sore throats | _____Nail Biting |
| _____Underweight | _____Frequent nosebleeds | _____Restlessness |
| _____Overweight | _____Earaches | _____Shyness |
| _____Frequent headaches | _____Fainting | _____Dislike of school |
| _____Frequent colds | _____Frequent stomachaches | _____Inability to get along with others |

Have you consulted a physician about the above symptoms? Yes____ No____

Has your child had a complete physical in the last 12 months? Yes____ No____

Is your child on any kind of medication?_____

If so, what?_____

For what condition?_____

Is your child under medical care at this time?_____

Name of physician or clinic_____

Further comment_____

Has the pupil ever attended the Textown public schools? _____ _____
Name of School Date Attended

PLEASE FEEL FREE TO CONSULT WITH THE SCHOOL STAFF ON THE HEALTH PROBLEMS OF YOUR BOY OR GIRL.

Parent's Signature_____

# TEXTOWN INDEPENDENT SCHOOL DISTRICT—CUMULATIVE HEALTH RECORD

Name_____ Date of Birth_____ Birth Wt._____ M.___ F.___

Parent's Name_____ Address (in pencil)_____ Phone_____

## PHYSICAL HISTORY

| | | | |
|---|---|---|---|
| Asthma | | Orthopedic | |
| Allergy | | Poliomyelitis | |
| Blood Disorder | | Rheumatic Fever | |
| Convulsions | | Serious Accident | |
| Diabetes | | Surgery/Fracture | |
| Epilepsy | | T. B. Contact | |
| Heart Disease | | Hearing Loss | |
| Kidney Disorder | | Vision Loss | |

| Prevention Record | Date | Series S | Booster B | Remarks |
|---|---|---|---|---|
| Smallpox Vaccine | | | | |
| Diphtheria Toxoid | | | | |
| Tetanus Toxoid | | | | |
| Pertussis Vaccine | | | | |
| Polio Vaccine | | | | |
| Rubella Vaccine | | | | |
| Rubeola Vaccine | | | | |
| TB Test | | | | |
| Chest X-Ray | | | | |
| Shick Test | | | | |
| Other | | | | |
| | | | | |

## GROWTH RECORD AND VISION

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | | | | | | | | | | | |
| Grade | | | | | | | | | | | | | | | | | | |
| Age | | | | | | | | | | | | | | | | | | |
| Height | | | | | | | | | | | | | | | | | | |
| Weight | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | |
| VISION Without Glasses | R | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| | L | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| Both Eyes | | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| With Glasses | R | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| | L | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |

## * MEDICAL RECORD

| Date | | | | | | |
|---|---|---|---|---|---|---|
| Nutrition, Posture | | | | | | |
| Bones, Joints, Gait | | | | | | |
| Skin, Scalp | | | | | | |
| E.E.N.T. | | | | | | |
| Heart, Lungs | | | | | | |
| Hernia | | | | | | |

## * DENTAL RECORD

| Date | | | | | | |
|---|---|---|---|---|---|---|
| Dental Caries | | | | | | |
| Prophylaxis | | | | | | |
| Gingivitis | | | | | | |
| Malocclusion | | | | | | |

## HEARING

| Date | | | | | | |
|---|---|---|---|---|---|---|
| R | | | | | | |
| L | | | | | | |

Code *

1—Normal

2—Needs Attention

3—Urgently needs Attn.

(Circle No. when under treatment)

Code †

H.V.—Home visit

T.N.C.—Teacher-Nurse Conference

C.N.C.—Counselor-Nurse Conference

P.N.C.—Principal-Nurse Conference

## SPECIAL SERVICES, REPORTS, ETC.

Date Rec'd., From: Agcy., Dr., Service

48

51

## TEACHER OBSERVATION

Use X when defect observed; circle X when corrected
H.I.—Record health inventory in first TNC column

| | | HI | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Teacher-Nurse Conference Date | | | | | | | | | | | | |
| General | Tires easily | | | | | | | | | | | |
| | Under or overweight | | | | | | | | | | | |
| | Posture | | | | | | | | | | | |
| | Muscular coordination | | | | | | | | | | | |
| | Hair, Scalp, Skin | | | | | | | | | | | |
| | Personal hygiene | | | | | | | | | | | |
| Eyes | Eyelids | | | | | | | | | | | |
| | Strabismus | | | | | | | | | | | |
| | Squint | | | | | | | | | | | |
| | Frequent headaches | | | | | | | | | | | |
| | Eyes water | | | | | | | | | | | |
| Ears | Discharge | | | | | | | | | | | |
| | Earaches | | | | | | | | | | | |
| | Does not hear well | | | | | | | | | | | |
| Nose | Freq. colds—nosebleeds | | | | | | | | | | | |
| Mouth | Mouth breathing | | | | | | | | | | | |
| Throat | Freq. sore throat | | | | | | | | | | | |
| Teeth | Oral hygiene | | | | | | | | | | | |
| | Obvious defects | | | | | | | | | | | |
| | Gums | | | | | | | | | | | |
| Behavior Pattern | Disturbs classroom | | | | | | | | | | | |
| | Nervous/restless | | | | | | | | | | | |
| | Twitching—fainting | | | | | | | | | | | |
| | Nail biting | | | | | | | | | | | |
| | Shy | | | | | | | | | | | |
| | Over-aggressiveness | | | | | | | | | | | |
| | Freq. stomachaches | | | | | | | | | | | |
| | Excessive use of toilet | | | | | | | | | | | |
| | Peer relations | | | | | | | | | | | |
| | Doesn't like school | | | | | | | | | | | |
| Other | Food habits | | | | | | | | | | | |
| | Speech Problem | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Name

| Date | † Remarks | Nurse |
|---|---|---|
| | | |
| | | |
| | | |

TEXTOWN INDEPENDENT SCHOOL DISTRICT
201 EAST 11th STREET
TEXTOWN, TEXAS 78000

HEALTH DEPARTMENT

TO THE PARENT ADDRESSED:

A case of hepatitis has occurred in your child's classroom. We have taken the precautionary measures prescribed by the public health authorities to prevent spread of the disease.

For your information, we would like to tell you what the American Academy of Pediatrics says about hepatitis:

> It is a disease that is not very contagious (compared to measles, etc.) and therefore it is unusual for two cases to occur in the same classroom. It is usually mild in children. It is caused by a virus that may be found in the urine and stool of the person with the disease. Therefore washing the hands after going to the bathroom is especially important.
>
> Protection with gamma globulin is recommended only for certain household contacts and people living in institutions such as orphanages, asylums, etc.

If you have reason to believe that your child was exposed more intimately or if you have any other doubts or special questions, please call your family physician or contact the school nurse.

_____
School

_____
John Doe, M.D.
Director of School Health Services

LETTER INFORMING PARENT OF CHILD'S CONTACT WITH COMMUNICABLE DISEASE #1

*TEXTOWN INDEPENDENT SCHOOL DISTRICT*
*201 EAST 11th STREET*
*TEXTOWN, TEXAS 78000*

HEALTH DEPARTMENT

TO THE PARENT ADDRESSED:

We have learned that a youngster in your child's class has been diagnosed as having scarlet fever. This is a form of streptococcal sore throat. Most physicians feel that a school contact does not require any type of preventive treatment.

If your child should develop symptoms such as a fever and a sore throat within the next week, you may want to relay this exposure information to your family physician.

Sincerely yours,

School Principal, or
School Health Director

LETTER INFORMING PARENT OF CHILD'S CONTACT WITH COMMUNICABLE DISEASE #2

## PERIODIC REPORT OF NURSING ACTIVITIES

Periodic reports of nursing activities keep the administration informed and may be used to document needs. Part I of the instrument below lists activities which might be included in a statistical report.

### PART I: MAJOR ACTIVITIES AND METHODS USED

No. of Children Enrolled _____ No. of Nurses _____

Nurse:Pupil Ratio_____

*Methods of Health Appraisal at School*

1. Health History (from parents)
2. Teacher Observation
3. Nurse Observation and/or Inspection
4. Hearing Screening
5. Vision Screening
6. Weighing and Measuring
7. Medical and Dental Examinations
8. Nurse-teacher Review of Childrens' Health Status
9. Other

*Preliminary Work in Preparation for Follow-through of Children in Need of Care*

With Records-

1. Review children's health records
2. Review of other children in family
3. Review academic record, psychological tests, grade placement as indicated

With School Staff-

1. Conferences with teacher, principals, and other school personnel

With School Children-

1. Conference for counseling and/or observation
2. Conferences with brothers and sisters for information and/or other purposes to consolidate family information

With Parents or Guardians-

1. Home visits
2. Conference at school
3. Telephone calls
4. Form letters
5. Personal letters

With Community-

1. Physicians and dentists (visits to their offices in interest of children)
2. Welfare agencies (visits to their office in interest of children)
3. Health departments (visits to their office in interest of children)
4. Telephone calls to physicians, dentists, health departments and other community resource facilities
5. Written referrals to physicians and others

*Other School Activities*

Current Issues-

1. Accidents and illness
2. Unscheduled visits, phone calls, etc.
3. Outside visitors-consultants, etc.
4. Environmental sanitation

Educational-

1. Red Cross Home Nursing Classes and preparation for same
2. Parents' classes and preparation for same
3. Health talks to classes
4. Health talks to PTA and other groups
5. Health education material prepared and distributed to teachers
6. Conferences with faculty regarding health education curriculum content

7. Review of school health texts
8. Review of professional literature for information regarding work in process

*Meetings*

1. Faculty
2. Parent-Teacher Association
3. Committees
4. Health Councils
5. Other professional meetings

Part II: Statistical Report of Nursing Activities

Your report may consist of the following headings: Health Appraisal, Health Education, and others as desired. An example of how headings can be broken down and depicted graphically is shown below.

| HEALTH APPRAISALS | NUMBER OF CHILDREN |
|---|---|
| Children enrolled | 2000 |
| Teacher-nurse review of health status | 60 |
| Records reviewed | 2000 |
| Referred to nurse for further study | 200 |
| Referred by nurse to physician | 100 |
| Received medical evaluation and treatment | 87 |
| Screened for vision by teachers or others | 1850 |
| Referred to and rescreened by nurse | 450 |
| Referred for medical care-result of screening | 300 |
| Received medical care | 250 |
| Received audiometric screening | 1500 |
| Referred for medical care-result of screening | 75 |
| Received medical care | 60 |
| Referred for dental care result-T-N observation | 800 |
| Received dental care, result referral | 250 |
| Weighed and measured | 1900 |
| Under special observation by nurse | 60 |
| Referred for medical care | 3 |
| Received medical care | 3 |

***Make your highest number full length — then proportion all others to that.***

57

# APPENDIX

## APPENDIX A

- Communicable Disease Guidelines for Schools
- Immunization (Section 2.09, *Texas Education Code*)

## APPENDIX B

- Suggested Guidelines for Dispensing Medications at School
- Physician's Request for Administration of Medication by School Personnel

## APPENDIX C

- Texas Education Agency Requirements for School Nurse Certification

## APPENDIX D

- Growth Chart for Pupil Health Appraisal—Girls
- Growth Chart for Pupil Health Appraisal—Boys

## APPENDIX E

- Report of Child Abuse (Article 34.01 et seq., *Texas Family Code, 1973, Vernon's Texas Civil Statutes*)

## APPENDIX F

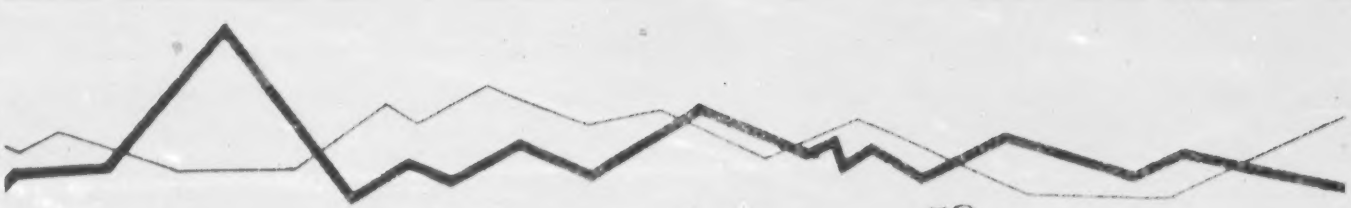
- Protective Eye Devices (Article 29191, *Vernon's Texas Civil Statutes*)

## APPENDIX G

- Resources

## APPENDIX H

- Bibliography



*APPENDIX A*

## COMMUNICABLE DISEASE GUIDELINES FOR SCHOOLS

| DISEASE | EARLY SYMPTOMS | RETURN TO SCHOOL | FAMILY CONTACTS | CLASSROOM CONTACTS |
|---|---|---|---|---|
| CHICKENPOX<br>incubation<br>14-16 days | Slight fever; skin eruption lasting 3-4 days; looks like blisters; leaves scabs; may also occur on scalp. | Six days after appearance of eruption, if temperature is normal and no complications, no moist lesions are present. | May stay in school under close observation. | *Notification of parents of classroom contact for their information. |
| CONJUNCTIVITIS<br>1-3 days | Purulent discharge from eyes; lids stick together, leaving dry curst on lids; itching. | When symptoms have subsided, or when released by physician. | May stay in school under observation. | No notification. |
| DIPHTHERIA<br>2-6 days | Severe sore throat; may have gray or white patches on throat; headache, fever, malaise. | Only after negative culture; written release from health officer. | Negative culture and written release by health officer. | Parental permission for throat culture by health department and a diphtheria and tetanus booster, if needed. |
| IMPETIGO<br>2-5 days | Sores on face, nose, corners of mouth, ears, legs, maybe elsewhere. Lesions contain pus, become heavily crusted. | When sores are healed or when released by physician. | May stay in school under observation. | No notification. |
| POLIOMYELITIS<br>7-14 days | Headache, fever, restlessness, sometimes vomiting. Pain often most severe at back of neck. | When released by physician. | May stay in school under observation. | Notification of parents and permission for oral polio vaccine booster (if needed) by health department. |

*Optional, at principal's discretion

| DISEASE | EARLY SYMPTOMS | RETURN TO SCHOOL | FAMILY CONTACTS | CLASSROOM CONTACTS |
|---|---|---|---|---|
| INFECTIOUS HEPATITIS 10-50 days Average—25 | Headache, abdominal pain, sore throat, vomiting, thin nasal discharge, fever. Jaundice may or may not appear in few days. | Seven days from onset, if free of fever and symptoms and if given release by a physician. | May stay in school; should receive gammaglobulin as prophylactic. | Notification of parents, noting the low risk in such cases, but advising consultation with private physician. |
| MEASLES (Rubeola) 7-14 days | Head cold, fever, red eyes, Koplik spots in mouth, followed by granular red rash on face, neck, and chest. | Fourth or fifth day after rash appears, if other symptoms are gone. | May stay in school under observation. | *Notification of parents for their information. |
| GERMAN MEASLES (Rubella) 14-25 days | Rash, enlarged lymph nodes, especially behind the ears; low-grade fever. | Four days after appearance of rash. | May stay in school under observation. | *Notification of parents for their information. |
| MENINGITIS 3-7 days as a rule, but variable | Intense headache, especially in back of neck; high fever; nausea, | Written release by physician. | May remain in school under observation. | Secondary cases rarely arise outside of household. Parents should be notified as to type, if known, and reassured that preventive treatment is generally not necessary. |
| MONONUCLEOSIS 4-10 days | Fever, sore throat, enlarged lymph nodes, malaise. | When symptom-free or when released by physician. | May remain in school under observation. | No notification. |
| MUMPS (Parotitis) 14-28 days | Swelling; tenderness of parotid gland (in front of and below the ear); sometimes fever. | When temperature is normal and all swelling is gone. | May remain in school under observation. | *Notification of the parents for their information. |

*Optional, at principal's discretion

| DISEASE | EARLY SYMPTOMS | RETURN TO SCHOOL | FAMILY CONTACTS | CLASSROOM CONTACT |
|---|---|---|---|---|
| PEDICULOSIS (Lice) 1-2 weeks | Itching of scalp; nits in hair. | When free of live organisms and nits. | May remain in school if free of symptoms. | No notification. |
| RINGWORM Skin or scalp | Localized scaly patches, often red-rimmed. On scalp, hair is short, broken; circular bald spots are seen. | May attend school provided child is under treatment by a physician. (Infected areas must be covered.) | May stay in school under observation. | No notification. |
| SCABIES 24-48 hours | Linear burrows under skin, usually in webs of fingers, on wrist and/or abdomen. | When released by physician. | May stay in school under observation. (All in household should be treated.) | No notification. |
| SCARLET FEVER 2-5 days | Fever, sore throat, vomiting, "strawberry tongue," fine red "sunburn" rash. | When released by physician or at least 7 days. | May stay in school under observation. | No notification. May need to educate and reassure parents, if they hear about a case. |
| TUBERCULOSIS Variable | Early stages may show no symptoms. Fever, persistent cough, hemoptisis, weight loss, fatigue, anorexia, night sweats, chest pains. | When released by physician. | Should have a release from a physician after tuberculin testing and X ray, if tuberculin positive. | If case is infectious, classroom and other school contacts should be tested. Contact health department for specific recommendation. |
| TYPHOID 7-21 days | Gradual onset with fever, headache. | When released by health officer. | Immunization optional; stool cultures and close observation by physician and health officer. | *Notification of parents for their information. Immunization generally not indicated. |
| WHOOPING COUGH (Pertussis) 5-21 days | Head cold symptoms, spasmodic cough, "whoop." | Three weeks from onset of catarrhal symptoms, or release by physician. | May stay in school under observation. | No notification. |

*Optional, at principal's discretion

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## IMMUNIZATION

Section 2.09
*Texas Education Code*

(a) No person may be admitted to any elementary or secondary school or institution of higher education unless he has been immunized against diphtheria, rubeola, rubella, tetanus, and poliomyelitis except as provided in Subsection (c).

(b) Subject to the provisions of Subsection (c) the State Board of Health may modify or delete any of the immunizations in Subsection (a) or may require immunizations against additional diseases as a requirement for admission to any elementary or secondary school or institution of higher education.

(c) No form of immunization is required for a person's admission to any elementary or secondary school or institution of higher education when the person applying for admission submits to the admitting official either of the following:

(1) an affidavit or certificate signed by a doctor who is duly registered and licensed under the Medical Practice Act of Texas[1], in which it is stated that, in the doctor's opinion, the immunization required would be injurious to the health and well-being of the applicant or any member of his family or household; or

(2) an affidavit signed by the applicant or, if a minor, by his parent or guardian stating that the immunication conflicts with the tenets and practice of a recognized church or religious denomination of which the applicant is an adherent or member; provided, however, that this exemption does not apply in times of emergency or epidemic declared by the Commissioner of Health.

[1]Vernon's Ann. P.C. art. 739 et seq.

(d) The State Department of Health shall provide the required immunizations to children in areas where no local provision exists to provide these services.

(e) A person may be provisionally admitted to an elementary or secondary school or institution of higher education if he has begun the required immunizations and if he continues to receive the necessary immunizations as rapidly as is medically feasible. The State Department of Health shall promulgate rules and regulations relating to the provisional admission of persons to an elementary or secondary school or institution of higher education.

## SUGGESTED GUIDELINES FOR DISPENSING MEDICATIONS AT SCHOOL

*The Texas Medical Association on May 3, 1975, approved the following guidelines for dispensing medications at school. These guidelines are compatible with a similar statement from the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association.*

School personnel are often faced with the responsibility of dispensing medication at school. A student may have an illness which required medication for relief or cure that does not prevent his attending school. If possible, such medication should be given by the parents and taken at home. However, if the student needs to take his medication during school hours in order to assume full participation in the school program, dispensing the medication may become the responsibility of the school.

To accomplish this purpose, the following guidelines are suggested:

(a) The school principal should appoint one responsible person, e.g., the school nurse, or other, to supervise the storing and dispensing of medications.

(b) The medication should be brought to the school by the parent or the student. The student should not carry the medication with him or administer it to himself, unless specified by the physician.

(c) For legal purposes, written permission should be obtained for dispensing drugs to a student from both a parent and his physician if medication is to be administered longer than ten school days.

(d) The person in charge of dispensing drugs should keep them in a locked place that is not easily accessible either to students or to others in the building.

(e) Each student's medication should have affixed a prescription label including his name, the name of the drug, the directions concerning dosage. Instructions about the duration of the medication period should be included.

(f) The school nurse should give at least the first dose of any medication. She should explain to teachers possible side effects of the medication when desirable.

(g) When the duration of medication is completed, unused portions of the drugs should be returned to the parent or permission given the nurse to destroy the remainder.

(h) At the end of the school year, all medication should be returned or destroyed.

(i) All medication dispensing should be reviewed at the beginning of each school year with renewed (written) permission obtained from the physician and parents to continue medication.

(j) Hypodermic injections may be given at school only when the family physician addresses a written request for this service to the Director, School Health Services, giving detailed information concerning the administration of the medication and patient follow-up. Parent shall be instructed to furnish sterile, disposable syringes and needles with the medication. Used syringes and needles should not be discarded in the wastebasket, but shall be destroyed.

**PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

Name of Pupil _____ Birth Date _____

Address _____

Condition for which drug is to be given:

Medication:

Dosage and method of administration (special instructions, possible reactions, if any, etc.):

*THE ABOVE MEDICATION MAY NOT BE SCHEDULED FOR OTHER THAN SCHOOL HOURS. IT MAY BE ADMINISTERED BY A MEDICALLY UNTRAINED DESIGNATE OF THE SCHOOL NURSE.*

Physician's Name (Please print.) _____

_____ Telephone Number _____

_____ _____

Parent's Signature Physician's Signature

Home telephone: _____

Business telephone: _____

Alternate Physician _____

Telephone Number _____

Filed in Nurse's Office on _____

by _____

*APPENDIX C*

**TEXAS EDUCATION AGENCY REQUIREMENTS FOR SCHOOL NURSE CERTIFICATION**

LIFE PROVISIONAL CERTIFICATE
(Nondegree Registered Nurses for Pay Grade 7)

Submit application, photostatic copy of current registration with the State Board of Nurse Examiners, official transcript from a Texas college or university showing satisfactory completion of course(s) or certification examination in federal and Texas constitution (government) and a $2.00 fee (money order or cashier's check).

LIFE PROVISIONAL CERTIFICATE
(For School Nurse Holding Bachelor's Degree for Pay Grade 7)

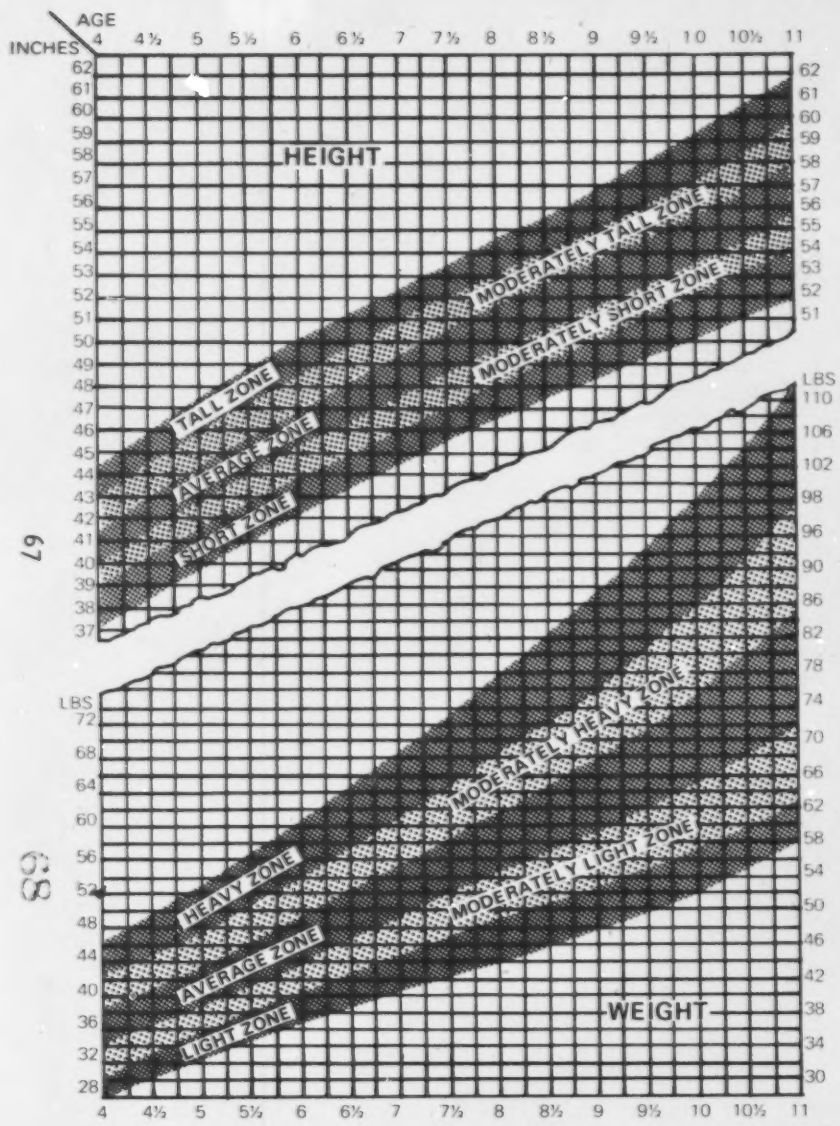
The above requirements plus six semester hours of American history.

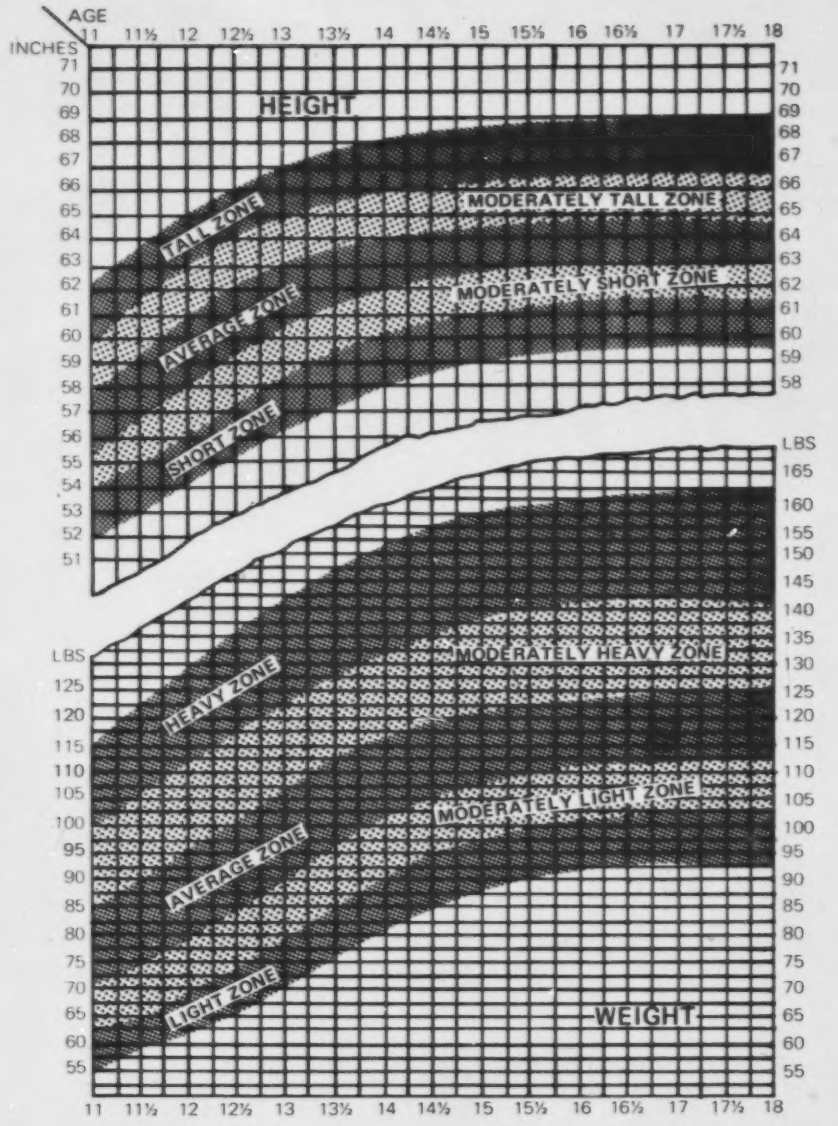
*The above certification is available, although a school nurse is not required to hold a Texas teaching certificate.*

*No Emergency Teaching Permit or Permit for Special Assignment is issued for the school nurse. However, the individual must be currently registered with the State Board of Nurse Examiners in Texas, and the registration must be on file in the employing superintendent's office.*

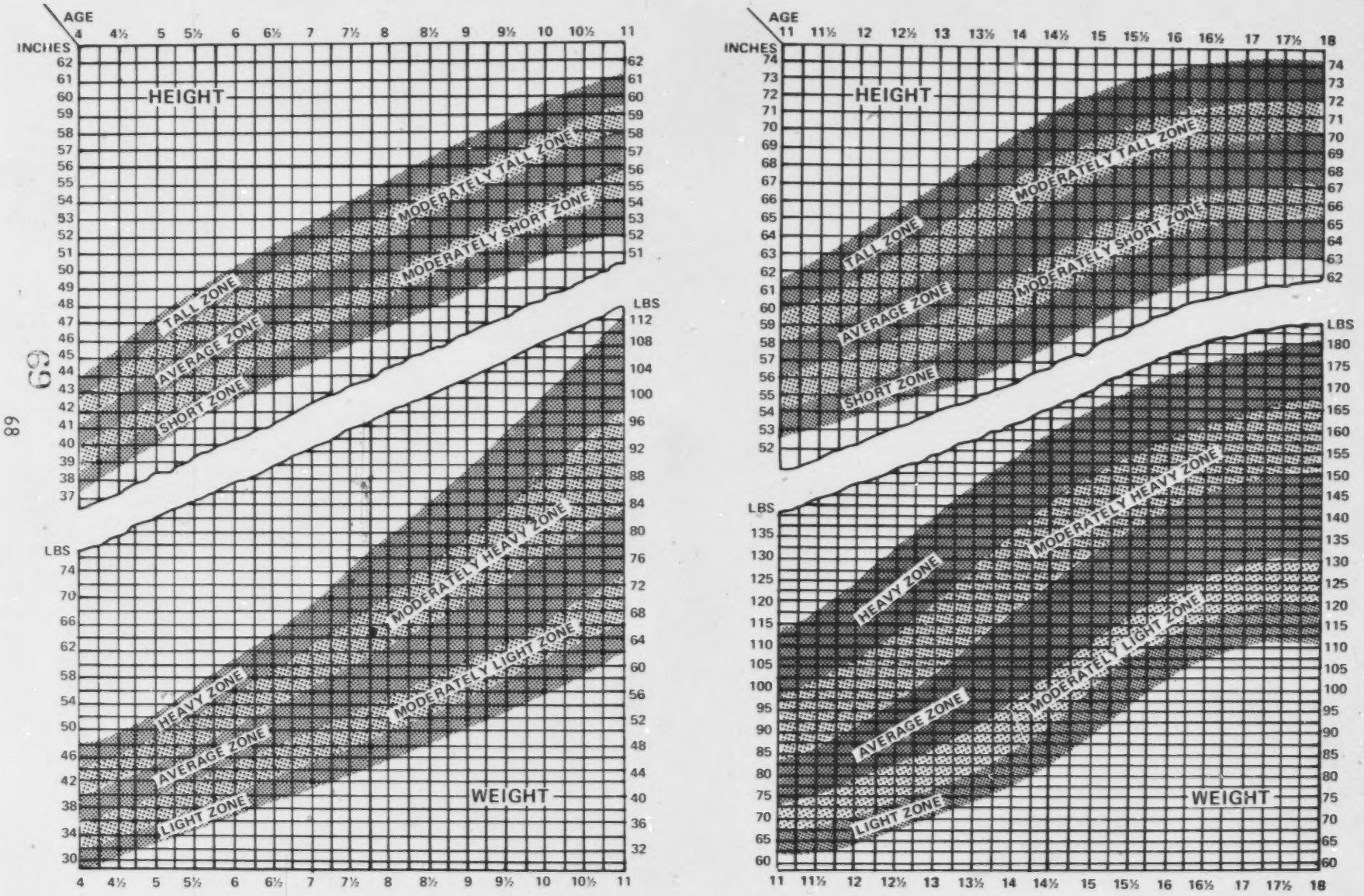
2/6/73

## GROWTH CHART FOR PUPIL HEALTH APPRAISAL—GIRLS



## GROWTH CHART FOR PUPIL HEALTH APPRAISAL—BOYS



## REPORT OF CHILD ABUSE

Article 34.01 et seq.
*Texas Family Code (1973), Vernon's Texas Civil Statues*

*Section 34.01. Persons Required to Report*

Any person having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect shall report in accordance with Section 34.02 of this code.

*Section 34.02. Contents of Report: to Whom Made*

(a) Nonaccusatory reports reflecting the reporter's belief that a child has been or will be abused or neglected, has violated the compulsory school attendance laws on three or more occasions, or has, on three or more occasions, been voluntarily absent from his home without the consent of his parent or guardian for a substantial length of time or without the intent to return shall be made to:
  (1) the county welfare unit;
  (2) the county agency responsible for the protection of juveniles; or
  (3) any local or state law enforcement agency.

(b) All reports must contain the name and address of the child, the name and address of the person responsible for the care of the child, if available, and any other pertinent information.

(c) All reports received by any local or state law enforcement agency shall be referred to the county child welfare unit, or to the county agency responsible for the protection of juveniles.

(d) An oral report shall be made immediately on learning of the abuse or neglect as prescribed in Subsection (a) of this section, and a written report shall be made within five days to the same agency or department. Anonymous reports, while not encouraged, will be received and acted on in the same manner as acknowledged reports.

*Section 34.03. Immunities*

Any person reporting pursuant to this chapter is immune from liability, civil or criminal, that might otherwise be

incurred or imposed. Immunity extends to participation in any judicial proceeding resulting from the report. Persons reporting in bad faith or malice are not protected by this section.

*Section 34.04. Privileged Communications*

In any proceeding regarding the abuse or neglect of a child or the cause of any abuse or neglect, evidence may not be excluded on the ground of privileged communication except in the case of communications between attorney and client.

*Section 34.05. Investigation and Report of Receiving Agency*

(a) The county child welfare unit, or the county agency responsible for the protection of juveniles, shall make a thorough investigation promptly after receiving either the oral or written report. The primary purpose of the investigation shall be the protection of the child.

(b) In the investigation the unit or agency shall determine:

(1) the nature, extent, and cause of the abuse or neglect;

(2) the identity of the person responsible for the abuse or neglect;

(3) the names and conditions of the other children in the home;

(4) an evaluation of the parents or persons responsible for the care of the child;

(5) the adequacy of the home environment;

(6) the relationship of the child to the parents or persons responsible for the care of the child;

(7) all other pertinent data.

(c) The investigation shall include a visit to the child's home, a physical and psychological or psychiatric examination of all the children in that home, and an interview with the subject child. If admission to the home, school, or any place where the child may be, or permission of the parents or persons responsible for the child's care for the physical and psychological or psychiatric examinations cannot be obtained, then the juvenile court, or the district court, upon cause shown, shall order

the parents or the persons responsible for the care of the children, or the person in charge of any place where the child may be, to allow entrance for the interview, above examinations, and investigation.

(d) If, before the investigation is complete, the opinion of the investigators is that immediate removal is necessary to protect the child from further abuse or neglect, the investigators shall file a petition pursuant to Chapter 17 of this code[1] for temporary care and protection of the child.

(e) The county agency responsible for the protection of juveniles, or the county child welfare unit, shall make a complete written report of the investigation together with its recommendations to the juvenile court or the district court, the district attorney, and the appropriate law enforcement agency.

(f) On the receipt of the report and recommendation required by Subsection (e) of this section, the court may direct the investigator to file a petition seeking appropriate relief under Subtitle A of this title.[2]

*Section 34.06. Central Registry*

The State Department of Public Welfare shall establish and maintain in Austin, Texas, a central registry of reported cases of child abuse or neglect. The department may adopt rules and regulations as are necessary in carrying out the provisions of this section. The rules shall provide for cooperation with local child service agencies, including hospitals, clinics, and schools, and cooperation with other states in exchanging reports to effect a national registration system.

[1]Section 17.01 et seq.
[2]Section 11.01 et seq.

Cross References

Termination of parent-child relationship where parent refused to submit to court order under this section, see section 15.02(1)(G).

*APPENDIX F*

## PROTECTIVE EYE DEVICES

Article 29191
*Vernon's Texas Civil Statutes*

*Section 1.* Industrial quality eye protective devices shall be worn by every teacher and pupil in Texas participating in any of the following courses:

(1) Vocational or industrial arts shops or laboratories involving experience with
  (A) hot molten metals;
  (B) milling, sawing, turning, shaping, cutting or stamping of any solid materials;
  (C) heat treatment, tempering, or kiln firing of any metal or other materials;
  (D) gas or electric arc welding;
  (E) caustic or explosive materials;
(2) Chemical or combined chemical-physical laboratories involving caustic or explosive chemicals or hot liquid or solids

*Section 2.* In this act, "industrial quality eye protective devices" means devices meeting the standards set by the State Department of Health.

*Section 3.* The governing boards and administrators of Texas school districts offering any of the listed courses are responsible for furnishing free of charge or providing at cost to teachers and pupils participating in the courses the required eye protective devices.

*Section 3A.* Whenever an accident occurs during the conduct of any of the courses described in Section 1 of this Act, and an injury to the eye of a teacher or pupil results, the principal shall make a full written report of the accident and injury to the State Department of Education. The department shall prescribe the form and content of the reports and shall maintain a file of all reports submitted.

## RESOURCES

Many private agencies and local and city agencies render services to children. The state agencies listed here and local health and welfare departments can often furnish nurses with information regarding additional resources, such as organizations from which free and inexpensive health education materials may be obtained.

AMERICAN NATIONAL RED CROSS, 17th and D Streets, N.W., Washington, D.C. 20006
Division of Disaster and Emergency Services, Box 4087, Austin, Texas 78773

AMERICAN NURSES' ASSOCIATION, 2420 Pershing Road, Kansas City, Missouri 64108

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION, 909 West 45th Street, Austin, Texas 78756

NATIONAL LEAGUE FOR NURSING, 28 Westfall Road, Rochester, N.Y. 14620

STATE COMMISSION FOR THE BLIND, City National Bank Building, P. O. Box 12866, Austin, Texas 78767

STATE DEPARTMENT OF PUBLIC WELFARE, John H. Reagan Building, Austin, Texas 78701
Child Welfare Division

TEXAS DEPARTMENT OF LABOR, Sam Houston Building, Austin, Texas 78701

TEXAS EDUCATION AGENCY, 201 East 11th Street, Austin, Texas 78701
Division of Guidance Services

TEXAS STATE DEPARTMENT OF HEALTH, 1100 West 49th Street, Austin, Texas 78756

TEXAS YOUTH COUNCIL, Sam Houston Building, Austin, Texas 78701

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, Public Health Services, Washington, D.C. 20201

*APPENDIX H*

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